



TEXAS TECH UNIVERSITY
HEALTH SCIENCES CENTER™

Change of Address Notification

Please send completed form to hscbenefits@ttuhsc.edu or mail to

TTUHSC Lubbock HR: MS 8100, ATTN: Benefits

R Number or SSN: _____

Name: _____

Old Mailing Address:

City, State

Zip Code

New Mailing Address:

City, State

Zip Code

Preferred Telephone Number: _____

Signature: _____

Date: _____

(required before the change will be processed)