

# SAU #21 ADDRESS CHANGE FORM

(for: HR, Payroll and Health/Dental Insurance records)

School District: \_\_\_\_\_

NAME: \_\_\_\_\_

NEW ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

EFFECTIVE DATE: \_\_\_\_\_

**PLEASE RETURN TO THE SAU #21 HR OFFICE**

**IMPORTANT:**

**All Full-Time Employees:** Please be sure to change your address with the NH Retirement System. You may download the address change form @ [www.nhrs.org](http://www.nhrs.org). Please mail directly to NHRS.

**Certified Personnel:** please be sure to change your address with the NH Bureau of Credentialing. The form is available to download @ [www.sau21.org](http://www.sau21.org), and go to Departments, HR, Forms. Please mail directly to the Bureau of Credentialing.

