

**COLLIN COLLEGE
CHANGE OF ADDRESS FORM**

Please complete this form if you have a change of address to ensure that you receive all paychecks, COBRA information, TRS information, W-2s, etc. Please print this form, type or print your updated information below, sign the form and **fax it to the Collin College Human Resources Department at 972-985-3778.**

Name: _____

UPDATED INFORMATION:

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Other Phone: _____

Email Address: _____

Signature Date