Arkansas Teacher Retirement System

Form # 6a
1400 West Third
Little Rock, AR 72201
Phone (501) 682-1517
Fax (501) 682-2359
www.artrs.gov

Change of Address Form

(Please Print)

Member's Name _____

Social Security Number _____

Employer _____

Mobile Phone (____) _____ Alternate Number (____) _____

Email Address _____

Old Mailing Address _____

City _____ State _____ Zip _____

New Mailing Address_____

City _____ State _____ Zip _____

County _____

Member's Signature _____ Date _____