



# Personal Information Update

Please complete, sign and return this form to the Highway Patrol Retirement System at the address below.

## Previous Information

\_\_\_\_\_  
Last Name First Name Middle Initial

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Home Phone Cell Phone

\_\_\_\_\_  
Email Address

## New Information – Complete for all changes that apply

Permanent Change       Temporary Change      Effective Date of Change(s): \_\_\_\_\_

### New Address:

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City State Zip Code

List address in Directory?

### New Phone #'s:

\_\_\_\_\_  
Home Phone

List home phone in Directory?

\_\_\_\_\_  
Cell Phone

List cell phone in Directory?

New Email Address: \_\_\_\_\_

List email address in Directory?

**NOTE: Please allow at least 30 days for the change(s) to take effect using this method. Members can make immediate updates to their information online by logging into the secure area of the HPRS website at [www.ohprs.org](http://www.ohprs.org). If assistance is needed, please call the HPRS office at the number below.**

▶ \_\_\_\_\_  
Signature

\_\_\_\_\_  
Date