

**CHANGE OF ADDRESS
AND
EMERGENCY NOTIFICATION FORM**

NAME _____

ADDRESS _____

TELEPHONE _____

EMERGENCY NOTIFICATION (1)

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ (HOME) _____ (WORK)

EMERGENCY NOTIFICATION (2)

NAME _____

ADDRESS _____

TELEPHONE NUMBER _____ (HOME) _____ (WORK)

SIGNATURE/DATE _____

____ I AUTHORIZE THE RELEASE OF MY HOME ADDRESS/TELEPHONE NUMBER
TO A THIRD PARTY

____ I AUTHORIZE THE RELEASE OF MY HOME ADDRESS ONLY TO A THIRD PARTY

____ I AUTHORIZE THE RELEASE OF MY HOME TELEPHONE NUMBER ONLY TO A
THIRD PARTY

____ I DO NOT AUTHORIZE THE RELEASE OF MY HOME ADDRESS/TELEPHONE NUMBER
TO A THIRD PARTY

I UNDERSTAND THIS FORM IS RETAINED IN MY CAREER MANAGEMENT FILE HOUSED BY
THE HUMAN RESOURCES OFFICE, US ARMY AUDIT AGENCY, FORT MEADE, MD.

I UNDERSTAND IN ADDITION TO COMPLETING THIS FORM, I MUST ALSO CHANGE MY
ADDRESS/TELEPHONE NUMBER AND/OR EMERGENCY NOTIFICATION INFORMATION WITH
THE FOLLOWING:

- ❖ MYPAY/DFAS to change my information for my LES and TSP. DFAS will notify TSP of your change. DFAS usually notifies TSP on a quarterly basis.
- ❖ AAASIST in MY INFORMATION
- ❖ Health Care Provider and Health Care Insurance Company