



**Lebanon R-3 School District**  
<http://www.lebanon.k12.mo.us>

## Notice of Address Change

**Member Name (please print):** \_\_\_\_\_

**Member Signature:** \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_

**Previous Address:** \_\_\_\_\_

\_\_\_\_\_  
(City)

( State)

( ZIP)

**New Address:** \_\_\_\_\_

\_\_\_\_\_  
(City)

( State)

( ZIP)

**Telephone:** ( \_\_\_\_\_ ) \_\_\_\_\_

**Email:** \_\_\_\_\_

**Please keep a copy of this form for your records. Send original form to Lebanon R-3 School's central administration office. After data entry is complete, administration will forward by mail to:**

PSRS/PEERS  
P.O. Box 268  
Jefferson City, MO 65102

Or fax it to PSRS/PEERS at (573) 634-7934