## Gender Change Request

AS 0671 NEW 12/21

CALSTRS

California State Teachers' Retirement System
P.O. Box 15275
Sacramento, CA 95851-0275
800-228-5453
CalSTRS.com

[For CalSTRS' Official Use Only]

Instructions: Use this form to authorize CalSTRS to change your gender in our system. Please use black or blue ink, print clearly, and complete all sections.

Provide either your Client ID or Social Security number.  CLIENT ID  SOCIAL SECURITY NUMBER  LAST NAME  FIRST NAME  MI  MAILING ADDRESS  CITY  STATE	Section	า 1: เ	<i>l</i> len	nbe	r In	for	mat	tion	)																			
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