

SOUTH DAKOTA DEPARTMENT OF LABOR AND REGULATION
REEMPLOYMENT ASSISTANCE DIVISION
P.O. Box 4730, Aberdeen, SD 57501
Tel: 605.626.2452 Fax: 605.626.3172 dlr.sd.gov

CLAIMANT CHANGE OF NAME AND ADDRESS

THIS FORM MAY BE USED FOR IN-STATE ADDRESS CHANGES ONLY.

To request a change of name and/or address, you may:

1. Log into your online account at raclaims.sd.gov and select the "Update My Information" option on the main menu;
2. Call Customer Service at 605.626.2452;
3. **OR** Print, complete and sign this form, and send to:

South Dakota Department of Labor and Regulation
Reemployment Assistance Division
P.O. Box 4730
Aberdeen, South Dakota 57402-4730

OR Fax to 605.626.3172

Request Type: Change of address Change of name Both

Last 4-digits of Social Security Number: _____ Date of Birth: ____ / ____ / ____

FORMER INFORMATION

Former Full Name: _____

Previous Full Address: _____

City: _____ State: _____ Zip: _____

Previous Telephone Number: (____) ____ - _____

UPDATED INFORMATION

New Name: _____

New Full Address: _____

City: _____ State: _____ Zip: _____

New Telephone Number: (____) ____ - _____

AUTHORIZATION

I, the undersigned, hereby authorize the South Dakota Department of Labor and Regulation to change the information as indicated above on my Reemployment Assistance (RA) claim.

Signature: _____ Date: ____ / ____ / ____