

Onteora Central School District

PO Box 300, Boiceville, NY 12412

Monica LaClair, CPA
Assistant Superintendent for Business

845-657-8499
Fax 845-657-8742

Employee Change of Name/Address Form

To change your address: print and complete this form. Return the form to the Business Office.

New Name: _____

Old Name: _____
First MI Last

ID #: _____

New Address: _____
(Street)

_____ (Apt. #, if applicable)

_____ (City, State Zip)

New Phone Number: _____

Names of spouse or other dependent(s) to be changed:

Effective Date: _____