

Change of Address Form

Full Name: \_\_\_\_\_

School: \_\_\_\_\_

Previous Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

New Address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you moving **in or out\*** of **Yonkers?** Yes  No

Are you moving **in or out\*** of **New York City?** Yes  No

\* Please note, if you check yes in the above boxes you will also need a new [W-4](#) and [IT-2104](#) forms. These should be returned to to the District Office upon completion.

Effective Date of Address Change: \_\_\_\_\_

Please return this completed form to the Superintendent's Office and your information will be forwarded to all appropriate departments, including Benefits and Payroll.