Building Bridges for today's students to cross into tomorrow's world with equity, innovation and optimism

Administration Building • 13A Dickinson Avenue • Nyack, NY 10960

PERSONAL INFORMATION CHANGE FORM

Please complete the form if you would like your name, address, phone or email address changed and return to the Human Resources Department. Additionally, please indicate the effective date of change.

NEW INFORMATION: (complete where applicable)

LAST NAME: _____ FIRST NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIPCODE: _____

HOME PHONE: _____ CELL PHONE: _____

EMAIL ADDRESS: _____

EFFECTIVE DATE OF CHANGE: _____

If you have changed your name, please indicate your former name below:

LAST NAME: _____ FIRST NAME: _____

Reason for Name Change:

- ☐ Marriage (please include copy of Marriage Certificate or Drivers License with new name)
- ☐ Resumed use of maiden name (please include legal documentation showing name change)
- ☐ Legal change of name (please include legal documentation showing name change)

_____ _____

Employee Signature Date