

CHANGE OF ADDRESS/NAME FORM

PLEASE COMPLETE THE FOLLOWING REQUIRED INFORMATION AND **SUBMIT IN HARD COPY ONLY** to:

Erie County Department of Personnel, 95 Franklin St., Buffalo, NY 14202.

PRINT NAME _____

EFFECTIVE DATE ____/____/____

Phone Number _____

SOCIAL SECURITY # ____-____-____

CHANGE OF ADDRESS

New Address: _____

Street Address

City, State, Zip

Mailing Address (If different from above):

Street Address

City, State, Zip

THE FOLLOWING RESIDENCY INFORMATION IS IMPORTANT FOR RESULTING RESIDENTIAL CERTIFICATIONS OF A LIST:
(Incomplete information or inaccurate information may result in your name not appearing on a residential certification)

****All changes are effective on the 15th of the Month following submission****

SCHOOL DISTRICT _____

VILLAGE _____

TOWN _____

NAME CHANGE

PREVIOUSLY HELD NAME:

Last _____ First _____ Middle Initial _____

CURRENT/NEW NAME:

Last _____ First _____ Middle Initial _____

THIS AFFIRMATION MUST BE COMPLETED. I affirm that the statements made on this form are true under the penalties of perjury. I understand that all statements made by me in connection with this form are subject to investigation and verification and that a material misstatement, omission, or fraud may disqualify me from appointment or lead to revocation of my appointment.

SIGNATURE _____ DATE ____/____/____