



CORTLAND ENLARGED CITY SCHOOL DISTRICT
DISTRICT OFFICE
1 VALLEY VIEW DR
CORTLAND NY 13045

NOTIFICATION OF NAME / ADDRESS CHANGE

Last Name: First Name: Initial:

Title: Building/Department:

Street Address: City, State, Zip:

Home Telephone #: Email Address:

Reason for change: Name Address
(Please check one)

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

Former Name:

Marriage (copy of marriage certificate and new social security card required)

Resumed use of maiden name (certified copy of court order required)

Legal change of name (certified copy of court order required)

Signature: Date:

Instructions: This form is used to authorize a change in the information currently on file. In order to maintain your salary and service information, it is necessary that Payroll maintains current name and address information. Note: You will need to contact the NYS Retirement System directly for name and address changes in their system.

Send this form when completed to: Cortland Enlarged City School District
Attn: Jen Storey, Payroll Coordinator