



Payroll Coordinator
Adria Weiss
1 Valley View Drive
Cortland, NY 13045
(p) 607.758.4100 (f) 607.758.4109
payrollandbenefits@cortlandschools.org

NOTIFICATION OF NAME / CONTACT INFORMATION CHANGE

Last Name: _____ First Name: _____ Initial: _____

Street Address: _____ City, State, Zip: _____

Phone: _____ Email Address: _____

Title: _____ Building/Department: _____

Reason for change (please circle):

Name Change

Address Change

Phone Number Change

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

Former Name: _____

_____ Marriage (Copy of Marriage Certificate, Driver's License, Social Security Card, and both Federal & State tax withholding forms)

_____ Resumed use of maiden name/Legal Change (Certified copy of Court Order and both Federal & State tax withholding forms)

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 records, it is necessary that payroll maintains current name and address details. Note: The district can only make changes in the operating system (nVision) and health/dental/vision insurances. All other places (i.e. NYS Retirement) must be changed through those places directly. Send this completed form to Payroll at the Kaufman Center.

Revised: 9/12/2025

Office use only:

nVision _____
Excellus _____
Ameritas _____
BRi _____