



Payroll Coordinator
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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:
(Please check one)

Name

Address

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

Former Name: _____

- _____ Marriage (copy of marriage certificate, driver's license 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 records, it is necessary that Payroll maintains current name and address details. Note: You will need to contact the NYS Retirement System directly for name and address changes in their system.

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