



Payroll Coordinator

Adria Weiss

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NOTIFICATION OF NAME / ADDRESS CHANGE

Last Name:	First Name:	Initial:
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Title:	Building/Department:
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Street Address:	City, State, Zip:
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Home Telephone #:	Email Address:
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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, 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