



CHANGE OF INFORMATION FORM

Complete this form to update your name, address or phone number with Human Resources. If changing your name, you will be required to provide two forms of updated government-issued documentation reflecting your new name.

Today's Date: _____

Previous Data

Name: _____

Address: _____

Phone: _____

School: _____

Job Title: _____

Updated Data

Name: _____

Address: _____

Phone: _____

School: _____

Job Title: _____

Signature of Submitter: _____

Once complete, send this form via interoffice mail or via e-mail (humanresources@albany.k12.ny.us). If you have any questions please contact the Human Resources Office at 518-475-6000.
