



# SCHENECTADY CITY SCHOOL DISTRICT

## Change of Name or Address Phone or Email Form

Current Name \_\_\_\_\_

Previous Name \_\_\_\_\_

Building \_\_\_\_\_

Current Address \_\_\_\_\_

\_\_\_\_\_

Previous Address \_\_\_\_\_

\_\_\_\_\_

Effective Date of Address Change \_\_\_\_\_

Current Phone Number (Home) \_\_\_\_\_ (Cell) \_\_\_\_\_

Current Email \_\_\_\_\_

*Submit Completed Form to Human Resources for Processing*