

**COUNTY OF ROCKLAND  
DEPARTMENT OF PERSONNEL  
18 New Hempstead Road  
New City, New York 10956**

**CIVIL SERVICE EXAMINATION  
CHANGE OF ADDRESS/NAME FORM**

**PLEASE COMPLETE THE FOLLOWING FIELDS TO INSURE ACCURATE ADDRESS CHANGE:**

PLEASE PRINT

Effective Date of Change/Name: \_\_\_\_\_

Name (Print): \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Any Other Name Used: \_\_\_\_\_

<b>OLD ADDRESS:</b> _____ Street Address <span style="float: right;">City, State, Zip</span>
<b>NEW ADDRESS:</b> _____ Street Address <span style="float: right;">City, State, Zip</span> Mailing address if different from home address: _____
<b>PHONE NUMBER:</b> (____) _____ <b>EMAIL ADDRESS:</b> _____
<b>THE FOLLOWING INFORMATION IS IMPORTANT FOR RESIDENT CERTIFICATIONS OF AN ELIGIBLE LIST</b>  Missing, incomplete or inaccurate information may cause your name to be omitted from a resident certification  <b>COUNTY:</b> _____ <b>TOWN:</b> _____ <b>VILLAGE:</b> _____ <b>SCHOOL:</b> _____ <b>STATE:</b> _____

Signature: \_\_\_\_\_

I affirm that the information given above is true and correct. I understand that any false statements made is grounds for barring appointment and may result in termination.

THIS FORM MAY BE MAILED TO THE ABOVE ADDRESS OR FAXED TO: (845) 638-5381

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**FOR DEPARTMENT OF PERSONNEL USE ONLY**

Source of Change: \_\_\_\_\_

Date of change in Persoft: \_\_\_\_\_

Changed by: \_\_\_\_\_