

**SWBOCES**  
**Human Resources- Personal Data Change Form**

**Directions:**

Use this form to change the personal information on file with the Department of Human Resources. You may only change your own information and it may be changed at any time.

**Information to be changed:** (Check All That Apply)

- |  |  |
|--|--|
| <input type="checkbox"/> Name*           | <input type="checkbox"/> Phone Number***               |
| <input type="checkbox"/> Mailing Address | <input type="checkbox"/> Emergency Contact Information |
| <input type="checkbox"/> Legal Address** |  |

**New information:**

Name\* \_\_\_\_\_  
Address\*\* \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Phone\*\*\* \_\_\_\_\_  
with Area Code \_\_\_\_\_

**Old Address Information:** (Include only if changing your mailing and/or legal addresses)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Change of Emergency Contact Information (only):**

Name \_\_\_\_\_  
Phone \_\_\_\_\_  
with Area Code \_\_\_\_\_

Relationship  Spouse  Relative  Friend

\* This form must be accompanied by legal documentation of your name change. (i.e. Copy of your Marriage Certificate).

\*\* Your legal address cannot be a Post Office Box. If you change your address to/from New York City or Yonkers, you need to contact the SWBOCES Payroll Office (914) 937-3820 Ext. 525 to complete an updated W-2 (federal) and IT-2104 (state) tax withholding forms.

\*\*\* This phone number will be used for the SWBOCES Emergency Closing Notification System.

\_\_\_\_\_  
Print Employee's Complete, Legal Name                      Employee's Signature                      Date

**Send completed form in the Pony or mail to:**  
SWBOCES- Human Resources Department  
17 Berkley Drive  
Rye Brook, NY 10573