CIVIL SERVICE EXAMINATION ADDRESS and/or NAME CHANGE FORM

Complete this form if you wish to update your name or address for the purpose of receiving civil service examination information and certification mailings.

This form must be fully completed and signed. The Department of Personnel will not be responsible for any failure to notify our office of a change in address or be certified for lack of information on this form.

Mail, fax or deliver to:
Onondaga County Department of Personnel, 421 Montgomery St., 13th floor, Syracuse, NY 13202-2959
Fax (315) 435-8272.

CURRENT COUNTY EMPLOYEES: You must make changes with your payroll clerk

PRINT OR TYPE ONLY

1) For Change In NAME:
New Name___________________________________________

2) For Change in LEGAL ADDRESS
Address___________________________________________
(Post office box is not an acceptable legal address)
City/Village_________________________________________
State______________ Zip Code______________

3) For Change in MAILING ADDRESS
Address___________________________________________
(or PO Box_______________________________________
City/Village_____________________________________
State______________ Zip Code______________

Town__________________________________________
School District____________________________________
County__________________________________________
E-Mail Address Change___________________________

4) Name (print) ___________________________ Social Security Number___________________________
Signature________________________________________

OFFICE USE ONLY

Remarks:_______________________________________________________________________________________

Date Computer Updated_______________ By (initials) __________

P-208 – 7/2017