		Position:
Location:District	-wideH.S Roosevelt	Vernon Cell#:
Check off box(es) of	information to be changed. Sig	and send to Personnel Dept.
Effective date of cha	nge:	
Name:	(Note: Change of name requi	res supporting documentation)
Legal Address		
□ Home #:	<u>   (     )</u>	
<ul><li>Cell #:</li><li>Home Email :</li></ul>		
	ve information is true and I give	e permission to change my records Date:
	orm to: Oyster Bay East Norwic 1 McCouns Lan Oyster Bay, NY	h Central School District e