



Board Of Cooperative Educational Services  
Sole Supervisory District  
Franklin-Essex-Hamilton Counties

**NOTIFICATION OF CHANGE OF ADDRESS/PHONE NUMBER**

Name: \_\_\_\_\_

<b>New Address:</b> _____ _____ (No. and Street) _____ (City or Village) (State) (Zip)	<b>Former Address:</b> _____ _____ (No. and Street) _____ (City or Village) (State) (Zip)
<b>New Phone No.</b> _____	<b>Former Phone No.</b> _____
<b>Date of Change</b> _____	<b>Date of Change</b> _____

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**Instructions:** Complete this form prior to change of address and/or upon issuance of new phone number. If you expect to reside at a different address during the summer, please complete the appropriate section below prior to the end of the school year. Notify your Administrator/Supervisor and submit this form to the BOCES Central Administrative Office.

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**SUMMER ADDRESS**  
(Complete prior to end of school year if different from above)

<b>Summer Address:</b> _____ _____ (No. and Street) _____ (City or Village) (State) (Zip)
<b>Phone No.</b> _____
<b>Date of Change</b> _____
I expect to return to my permanent address by _____ (Date)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_