

# OSSINING UNION FREE SCHOOL DISTRICT

190 Croton Avenue  
Ossining, New York 10562

## CHANGE OF ADDRESS

RETURN THIS FORM TO HUMAN RESOURCES DEPARTMENT.  
A NEW W4 MUST BE COMPLETED AND RETURNED  
WITH THIS FORM.

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

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

School: \_\_\_\_\_

Effective Date of Change: \_\_\_\_\_

**NEW** Mailing Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NEW** Residential Address:

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**NEW** Home Telephone: \_\_\_\_\_

**NEW** Cell Telephone: \_\_\_\_\_

FOR *CHANGE OF NAME* PLEASE CONTACT  
HUMAN RESOURCES DEPARTMENT.

**DID YOU ATTACH NEW W4 FORM?**