HEMPSTEAD PUBLIC SCHOOLS
OFFICE OF HUMAN RESOURCES

CHANGE OF ADDRESS FORM

PERSONAL INFORMATION

Date:

Full Name:

Building Location:

PREVIOUS INFORMATION

Previous Address:

Previous Telephone Number Home and/or Cell Phone:

Previous E-Mail:

NEW INFORMATION/CHANGE TO

New Address:

New Telephone Number Home and/or Cell Phone:

New E-Mail:

CERTIFICATION

Employee Signature:

OFFICE USE ONLY

☐ **Approved**

☐ **Disapproved**

Associate Superintendent for Human Resources

Date