

Arlington Central School District
Office of Human Resources

144 Todd Hill Road
LaGrangeville, NY 12540
845-486-4460

CHANGE OF ADDRESS/NAME FORM

Please complete all applicable sections in black ink & forward to the
Human Resources Office at CAO

☐ Name Change

☐ Address Change

☐ Phone Number Change

Name: _____

PLEASE NOTE: Your email address & SchoolTool account will match your name

Former Name (if name change): _____

If you are changing your name, please contact Benefits (x20197) since additional paperwork will need to be completed. Also, this is for the Arlington Central School District internal use only. Please remember to notify your retirement system and State Ed if applicable.

Job Title: _____ Building: _____

Effective Date: _____ Last 4 digits of SSN: _____

Address: _____

Please check which phone number you would like used as your primary number. Your primary number will be used for SchoolMessenger.

check if
primary number

☐ Home Phone: (____) _____

☐ Cell Phone: (____) _____

For Office Use Only

___ Payroll
___ Accounts Payable
___ Benefits
___ Technology
___ Data Support Service
___ Personnel Office