



**ONEIDA COUNTY  
CHANGE OF INFORMATION FORM**

**Return to:** Oneida County Department of Personnel  
800 Park Avenue Utica, New York 13501  
Phone: (315) 798-5726 Fax: (315) 798-6490  
E-mail: [personnel @ocgov.net](mailto:personnel@ocgov.net) Web Site: [www.ocgov.net](http://www.ocgov.net)

\_\_\_\_\_  
**Social Security Number**

\_\_\_\_\_  
**E-mail Address**

\_\_\_\_\_  
**Current Name**

\_\_\_\_\_  
**Previous Name (if applicable)**

\_\_\_\_\_  
**Permanent Residence Address**

\_\_\_\_\_  
**Mailing Address (if different)**

\_\_\_\_\_  
**City State Zip Code**

\_\_\_\_\_  
**City State Zip Code**

( ) \_\_\_\_\_  
**Home Phone Number**

( ) \_\_\_\_\_  
**Cell Phone Number**

( ) \_\_\_\_\_  
**Work Phone**

The following information is based on your permanent residence and may be used for residency preference on certifications. Any incomplete or incorrect information may result in not being included on such certification.

School District of your permanent residence: \_\_\_\_\_

City or Village of your permanent residence: \_\_\_\_\_

Town of your permanent residence: \_\_\_\_\_

County of your permanent residence: \_\_\_\_\_

**Affirmation and Signature:** I affirm that the statements made on this form are true under penalties of perjury.

Date: \_\_\_\_\_

Signature: \_\_\_\_\_