

LA FAYETTE CENTRAL SCHOOL  
DISTRICT OFFICE  
5955 ROUTE 20 WEST  
LA FAYETTE, NEW YORK 13084

**NOTIFICATION OF NAME / ADDRESS CHANGE**

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Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Initial: \_\_\_\_\_

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Address: \_\_\_\_\_

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City, State, Zip \_\_\_\_\_

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Mobil # \_\_\_\_\_ Home # \_\_\_\_\_

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Building \_\_\_\_\_ Contact Email: \_\_\_\_\_

If you have changed your name, please indicate former name below:

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

Reason for change:                      **Name**                      **Address**  
(Please circle one)

\_\_\_\_\_ Marriage

\_\_\_\_\_ Resumed use of maiden name

\_\_\_\_\_ Legal change of name (certified copy of court order required)

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Date \_\_\_\_\_ Signature \_\_\_\_\_

*Instructions: This form is used to authorize a change in the information you have already submitted. In order to maintain your salary and service information, it is necessary that this system have correct name and address information.*

Send this form when completed to:      LaFayette Central School District Office  
Attn: Kim Reppi, Payroll Department