

**NYACK SCHOOL OF ADULT AND DISTANCE EDUCATION  
ADDRESS CHANGE FORM**

**OLD ADDRESS OR PHONE NUMBER**

Name: \_\_\_\_\_ SS #: \_\_\_\_\_ Cohort Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

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**NEW ADDRESS OR PHONE NUMBER**

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

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

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_