CHANGE OF INFORMATION

PLEASE COMPLETE AND SUBMIT THIS FORM IF YOU HAVE A CHANGE OF ADDRESS, PHONE NUMBER OR NAME, AT ANY TIME DURING THE SELECTION PROCESS. IT IS YOUR RESPONSIBILITY TO PROVIDE UPDATES TO YOUR INFORMATION. FAILURE TO PROVIDE UPDATES COULD RESULT IN DELAYS OR COULD RESULT IN YOUR REMOVAL FROM THE SELECTION PROCESS.

CANDIDATE NAME WHEN APPLIED FOR EXAM (Last, First, Middle Initial)	EXAM ID	DATE OF CHANGE

CLASSIFICATION (Check all that apply)

☐ CORRECTIONAL OFFICER ☐ YOUTH CORRECTIONAL OFFICER ☐ YOUTH CORRECTIONAL COUNSELOR

☐ PAROLE AGENT I ☐ CASEWORK SPECIALIST ☐ OTHER

NEW MAILING ADDRESS (Street, City, State, Zip Code)	COUNTY

NEW WORK PHONE NUMBER Ext.	NEW CELL / HOME PHONE NUMBER

NAME CHANGE (Last, First, Middle Initial)	NEW DRIVER'S LICENSE NUMBER	STATE

NEW E-MAIL ADDRESS