

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)			
<input type="checkbox"/> CORRECTIONAL OFFICER <input type="checkbox"/> YOUTH CORRECTIONAL OFFICER <input type="checkbox"/> YOUTH CORRECTIONAL COUNSELOR			
<input type="checkbox"/> PAROLE AGENT I <input type="checkbox"/> CASEWORK SPECIALIST <input type="checkbox"/> OTHER			
NEW MAILING ADDRESS (Street, City, State, Zip Code)			COUNTY
NEW TELEPHONE NUMBER	NEW WORK NUMBER Ext.	NEW CELL PHONE NUMBER	
NAME CHANGE (Last, First, Middle Initial)		NEW DRIVER'S LICENSE NUMBER	STATE
NEW E-MAIL ADDRESS			