



Harrisburg Area  
Community College

**ADDRESS CHANGE FORM  
CF-1**

Employee ID	NAME:	(First)	(Middle)	(Last)	Effective Date
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Street Address

City	State	Zip	Home Telephone ( )
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County	Township/Borough	School District
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**Mailing Address (if different from above)**

Street Address/Post Office Box

City	State	Zip	Employee Signature
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*Copy 1: Human Resources/Payroll*

*Copy 2: Accounts Payable*

**Must also complete the Capital Tax Certificate of Residence (Form 505)**