

United States Senate
SELECT COMMITTEE ON ETHICS

Return completed form to:
 U.S. Senate Select Committee on Ethics
 SH 220 Senate Hart Office Building
 Washington, DC 20510

Name/Address/Office Change Form

Fax: 202-224-7416

This form is to notify the office that there has been a recent change to my information and I would like to change my name, address, or office in your files for correspondence relating to my Public Financial Disclosure Report under the Ethics in Government Act of 1978, as amended, (5 U.S.C. app 4, Sec. 101 *et seq.*).

Section One: Identification – Please complete in full. Type or print in dark ink.

Last Name	First Name	Middle Name	Office
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Section Two: Name Change -- Complete only if your name has changed

Old Name	Last	First	Middle	Effective date of name change
New Name	Last	First	Middle	MM/DD/YYYY

Section Three: Address Change -- Complete only if your address has changed.

Old Address	Street –P.O. Box			Effective date of address change
	City	State	Zip Code	
New Address	Street –P.O. Box			MM/DD/YYYY
	City	State	Zip Code	

Section Four: Office Change -- Complete only if your office has changed.

Old Office	Effective date of office change
New Office	MM/DD/YYYY

Section Five: Certification

I certify that my name, address, or office has changed as shown above.

 Signature

 Date