



**CONTACT INFORMATION CHANGE**  
**OR**  
**REQUEST FOR ELIGIBLE LIST RANK**

**NOTE:** This form can only be returned via email. Complete and email to [exam@hrd.cccounty.us](mailto:exam@hrd.cccounty.us) using the personal information stated on your application.

DATE: \_\_\_\_\_  
NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**CONTACT INFORMATION *(if different from above)***

By clicking the box, I request my contact information be updated for current applications on file.

NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_ LAST 4 DIGITS OF SSN: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

**REQUEST FOR ELIGIBLE LIST RANKING *(non-continuous only)***

TITLE OF EXAM: \_\_\_\_\_  
DATE OF EXAM: \_\_\_\_\_

**ELIGIBLE LIST RANKING – FOR OFFICIAL USE ONLY**

Rank: \_\_\_\_\_ Score: \_\_\_\_\_ Eligible List Expiration Date: \_\_\_\_\_