

**Consultant Information:**

I am a member of the (check one)  NYSTRS  NYC TRS  
Member # \_\_\_\_\_ Date of Membership \_\_\_\_\_

I am not a member of the New York State Teachers Retirement System.  
(Failure to disclose membership in the New York State Teacher's Retirement System is fraudulent according to New York State Education Law)

**Choose one below:**

Active (Someone who is not receiving payment)  Retired (Someone receiving payment)

What was your position/job title before Retirement? \_\_\_\_\_

Retirement Date: \_\_\_\_\_

Print Name \_\_\_\_\_ Sign Name \_\_\_\_\_ Date \_\_\_\_\_

Address \_\_\_\_\_

Social Security # \_\_\_\_\_ Home Phone \_\_\_\_\_

If you own or are an employee of a corporation and will be paid through the corporation, please complete the following:

Corporation Name \_\_\_\_\_ Federal ID # \_\_\_\_\_

**FOR BOCES OFFICE USE ONLY:**

Budget Codes	<input type="checkbox"/> A -507-6211-0446
Start Date	

Nassau BOCES CIT Supervisor \_\_\_\_\_ Date \_\_\_\_\_