



Medical Center Campus
630 West 168 Street, Box 8
New York, NY 10032

Morningside & JLGSC Campuses
625 W 130th Street
Suite SC#-065
New York, NY 10027

Date _____

To Whom It May Concern:

As the Principal Investigator of the laboratory, I attest that the employee/faculty/post doc/graduate student,
_____, has had either a change in home address or laboratory address as
defined below and needs the C-14 permit updated.

Please complete if your HOME ADDRESS has changed:

ADDR1 _____

ADDR2 _____

CITY _____

STATE _____ ZIP CODE _____

Please complete if your LAB ADDRESS has changed:

ADDR1 _____

ADDR2 _____

CITY _____

STATE _____ ZIP CODE _____

(Signature of Principal Investigator)

(Printed Name of Principal Investigator)

[Submit to fire-life@columbia.edu](mailto:fire-life@columbia.edu)

CHANGE OF ADDRESS LETTER