

EAST-WEST UNIVERSITY

Records Department

CHANGE OF ADDRESS

Please Print

ID# _____

LAST NAME: _____ FIRST NAME: _____ M.I. _____

Phone: _____ Email: _____

NEW ADDRESS:

Street: _____

Apt. # _____

City: _____

State: _____

Zip Code: _____

PREVIOUS ADDRESS:

Street: _____

Apt. # _____

City: _____

State: _____

Zip Code: _____

**I understand that I am responsible for the information contained on this form, and I certify that this information is accurate and up-to-date. I will immediately report to the East-West University Records Office any changes to this information.*

Signed: _____ Date: _____

Records Initial: _____