



Records Office

<u>Records Office use only</u>
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Initial

## Update Contact Information

Please Print

First Name: \_\_\_\_\_ MI \_\_\_\_\_ Last Name: \_\_\_\_\_

Student ID No \_\_\_\_\_

\_\_\_\_\_ Phone Number

\_\_\_\_\_ E-mail

### New Information

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip code

### Previous Information

Address

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ Zip code

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

\_\_\_\_\_ Student Signature

\_\_\_\_\_ Date