



Records Office

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|--------------------------------|
| <u>Records Office use only</u> |
| _____ |
| 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