Records Office

Records Office use only
_____
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