



Change of Information Form

Name: _____
Student ID#: _____

Do you work on campus? Yes No

Address

My local address is:

City: _____, CA

Zip Code: _____

Local Phone # (Residence) _____

Cell Phone (if any) _____

E-mail: _____

My current major is: _____

Emergency Contact

Name: _____

Relationship to you: _____

Phone Number: _____

Student Signature: _____

Date: _____

For Staff Use Only

Registered in Banner _____

Registered in SEVIS _____