



**Change of Contact Information**  
Return the completed form to the Registrar's Office.

Student's Name:

First or chosen: \_\_\_\_\_ Middle or initial: \_\_\_\_\_ Last or Family: \_\_\_\_\_

Other name(s) under which you have attended HUC-JIR:

\_\_\_\_\_

Current program: \_\_\_\_\_ Primary campus: \_\_\_\_\_

Effective date of this change (MM/DD/YYYY):

New Physical Address:

Street Address (not PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Mail Code: \_\_\_\_\_

Country Name: \_\_\_\_\_ Telephone Number, with area, city code: \_\_\_\_\_

New Mail Address (if different):

Street Address (not PO Box): \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Zip/Mail Code: \_\_\_\_\_

Country Name: \_\_\_\_\_

Your signature: \_\_\_\_\_ Date signed: \_\_\_\_\_