Change of Contact Information

**Return the completed form to the Registrar's Office.**

**Student's Name:**

First or Middle Last or

chosen or initial 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 Telephone #

name: with area, city code:

**New Mailing Address (if different):**

Street Address (not PO Box):

City: State/Province: Zip/Mail Code:

Country

name:

Your signature: Date signed: