



Charles R. Drew University of Medicine and Science Office of Registration and Records  
 1731 East 120<sup>th</sup> Street, Los Angeles, CA 90059 Phone: (323) 563-4838 Fax: (323) 563-4837

## Address/Phone/E-mail Change Request

*Complete and submit to the Office of the Registrar*

Student ID#:	Full Name:
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Please update my **MAILING ADDRESS** as follows:                      Effective Date: \_\_\_\_\_

Address:	
City:	State:
Zip Code:	Country:

Please update my **TELEPHONE NUMBER** as follows:

Action	Type	Number
<input type="checkbox"/> New	<input type="checkbox"/> Home <input type="checkbox"/> Cell	
<input type="checkbox"/> Delete	<input type="checkbox"/> Business <input type="checkbox"/> Fax	
<input type="checkbox"/> New	<input type="checkbox"/> Home <input type="checkbox"/> Cell	
<input type="checkbox"/> Delete	<input type="checkbox"/> Business <input type="checkbox"/> Fax	

Please update my **EMAIL ADDRESS** as follows:

Action	Type	Email Address
<input type="checkbox"/> New	<input type="checkbox"/> Personal	
<input type="checkbox"/> Delete	<input type="checkbox"/> Business	
<input type="checkbox"/> New	<input type="checkbox"/> Personal	
<input type="checkbox"/> Delete	<input type="checkbox"/> Business	

**Signature:** \_\_\_\_\_                      **Date:** \_\_\_\_\_

<p><b>FOR OFFICE USE ONLY</b>  <b>Stamp Here Received Date &amp; Initial:</b></p>   <p>Date Processed: _____ Initial: _____</p>
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