

**Office Use Only:**

Updated by: \_\_\_\_\_

Date: \_\_\_\_\_

International Student Program  
Long Beach City College

**Personal Contact Information Change/Correction Form**

Today's Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_

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

Last

First

Middle

**Please check which information has changed and enter new information:**

Last Name: \_\_\_\_\_

Phone Number:  Cell: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_  Home: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Email Address: \_\_\_\_\_

U.S. Address: \_\_\_\_\_

\_\_\_\_\_

City

State

Zip Code

Home Country Address: \_\_\_\_\_

\_\_\_\_\_