



CHANGE OF ADDRESS FORM

NAME: _____ DATE UPDATED: _____

MAILING ADDRESS:

CITY: _____ STATE: _____ ZIP: _____

PHYSICAL ADDRESS (*if different than mailing*):

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: (____) _____ CELL PHONE: (____) _____

E-MAIL: _____

EMERGENCY CONTACT INFORMATION

NAME: _____ RELATIONSHIP: _____

PHONE: (____) _____

ALT. PHONE: (____) _____

WECA-IEC USE ONLY

Date Received: _____ By: _____

**Please mail to WECA, Attention Audra Jamieson, Registrar
9719 Lincoln Village Drive, # 303, Sacramento CA 95827 or Fax (916) 452-7011**