

LINCOLN LAW SCHOOL OF SAN JOSE
One North First Street
San Jose, CA 95113

CHANGE OF ADDRESS/CONTACT FORM

Name: _____ Date: _____
(Print Last, First, Middle)

New Address: _____ City: _____
(Address, Street, Apt. No.)

State: _____ Zip: _____

Home phone: _____ Work phone: _____

Cell phone: _____ Fax: _____

Email Address: _____

NEW EMERGENCY CONTACT INFORMATION

Person to be contacted in case of an emergency:

Name: _____ Relationship: _____
(Please print clearly)

Address: _____ City: _____
(Address, Street, Apt. No.)

State: _____ Zip: _____

Day phone: _____ Evening phone: _____

Student Signature: _____

Office Use Only

Admin _____

Registrar _____