Contact Information Change Form

☐ Former student  ☐ Graduate  ☐ Friend of TCGS

DATE ______________________

Name at time of enrollment:
FIRST NAME ________________________________
LAST NAME ________________________________

Current Information:
FIRST NAME ________________________________
LAST NAME ________________________________
STREET ADDRESS ________________________________
CITY _______________________________________
STATE _______________________________________
ZIP _________________________________________
HOME PHONE ________________________________
WORK PHONE ________________________________
EMAIL _______________________________________

SIGNATURE __________________________________

This form must be printed and faxed or mailed to:

Trinity College of Graduate Studies
1661 N. Raymond Avenue, Suite 140
Anaheim, CA 92801-1167
Fax: 714-992-9165