



**INTEGRATED BEHAVIORAL HEALTH PROGRAM
CHANGE OF PERSONAL INFORMATION FORM**

Please complete and submit this form to the CalSWEC Integrated Behavioral Health Program as soon as possible whenever there are changes to any of your personal contact information, including your physical address, mailing address, email address/es and/or phone number/s.

Please scan and email the completed, signed form to calswec_ibh@berkeley.edu. To capture the form image with a mobile device, use CamScanner or a similar application to ensure readability. Questions? Email the IBH Program at calswec_ibh@berkeley.edu.

STUDENT INFORMATION

Name _____
First _____ **Last** _____ **Previous (if any)** _____

School _____

Year Stipend Received _____

UPDATED CONTACT INFORMATION

Permanent Address _____

Mailing Address _____

Phone Number (cell) _____

Phone Number (home) _____

Phone Number (work) _____

Email Address (primary) _____

Email Address (secondary) _____