



OAK BROOK COLLEGE OF LAW

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STUDENT CONTACT INFORMATION UPDATE

Name of Student: _____

Student ID#: _____ Date Filed: _____

Please fill in any new or changed contact information. Street:

Street: _____

Apartment#: _____

Suite: _____

City: _____

State: _____

ZIP: _____

Country: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Fax: _____

Email address: _____

Signed: _____ Date: _____

Please mail, fax, or email this completed form to the administrative office within 5 days of any change in your contact information.

OBCL Use Only	
Date Received by OBCL: _____	Date: _____
Data updated: _____	Date: _____
Comments: _____	