

CHANGE OF ADDRESS/INFORMATION FORM

The **ONLY** way that the *Health Services Association California Community Colleges Directory* can be kept up to date is by you taking a few minutes to make any needed changes. Soooooooooo.....when a change occurs, complete the appropriate section and mail this form to:

Susan Broderick, R.N.
Director Student Health Services
Santa Barbara City College
721 Cliff Drive
Santa Barbara, CA 93109
broderic@sbcc.edu
(805)965-0581 ext. 2299
FAX 560-6572

I. College/Contact Change

| | College's Information | Contact Person's Home Information |
|-------------------------|-----------------------|-----------------------------------|
| <i>Name</i> | _____ | _____ |
| <i>Address</i> | _____ | _____ |
| <i>City/Zip</i> | _____ | _____ |
| <i>Telephone No</i> | _____ | _____ |
| <i>Telephone No</i> | _____ | _____ |
| <i>Fax No</i> | _____ | _____ |
| <i>E-mail No</i> | _____ | _____ |
| <i>Web Page Address</i> | _____ | |

II. Personnel Changes:

a. Please **delete** the following:

| Name | Title |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

(over please)

b. Please **add/change** the following:

Name

Title

If you have any questions, please do not hesitate to contact Susan Broderick.

Name of person filling out form: _____

Telephone number: (_____) _____

College Name: _____

Date: _____