

UNIVERSITYWIDE OFFICE EDUCATION ABROAD PROGRAM (UOEAP)
STUDENT ADDRESS and INFORMATION FORM

Where will you be from now to the start of your EAP Program?

To avoid missing important mailings, **complete the "Dates valid" sections**, identifying all your locations from now until the start of your EAP Program.

Return Original to UOEAP. **Give Copy** to Campus EAP Office.

Complete this section. Complete other sections only where there are changes.

Social Security # (last 4 digits only): _____

Name: _____

EAP Country and Specific Program: _____

UC Campus: _____

UC E-mail: _____

(Inform UOEAP & Campus EAP Office of future e-mail changes)

WHILE AT UC:

Dates valid from _____ **to** _____

This address will be used **ONLY** during regular UC term.

Code C

Address: _____

Telephone: _____

Cell Phone: _____

PARENT/GUARDIAN/FIRST EMERGENCY CONTACT:

After UC term, send mail here beginning _____

After your UC term, this address will be used **permanently** for mailings, **unless** you complete Permanent Non-Parental Address below.

Code P

Address: _____

Telephone: _____

PERMANENT NON-PARENTAL:

After UC term, send mail here beginning _____

Complete only if you want mail sent here **instead** of to Parent/Guardian Address above.

Code V

Address: _____

Telephone: _____

TEMPORARY:

After your UC term, send mail to this address from _____ **to** _____

Complete only if you will be at an address different from Parental or Permanent Non-Parental at any time after your last UC term until the start date of your EAP Program, **OR** if you will remain at your Campus address after your last UC term until departure.

Write that address and effective dates here. **After** EAP participation, mail will be sent to Parent/Guardian Address unless a Permanent Non-Parental Address is provided.

Code Y

E-mail: _____ **Address** _____

Cell Phone: _____

Telephone: _____

FINANCIAL (Everyone must complete): If financial address changes, you must notify student finance: stufinance@eap.ucop.edu.

Where do you want your financial **account statements and/or checks** sent? Must be a U.S. address.

Code F

Address: _____

Telephone: _____

SIGNATURE _____ **DATE** _____

FOR EAP USE: OPERATIONS

STUDENT FINANCE