



Eastfield College

DALLAS COUNTY COMMUNITY COLLEGE DISTRICT

CHANGE OF ADDRESS FORM

EFC ID: _____

Last Name: _____ First Name: _____

Middle Name: _____

Street Address: _____ Apartment Number: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____

Emergency Phone: _____

EFC E-mail Address: _____

Personal Email Address: _____

INCORRECT INFORMATION:

Old Address: _____

City: _____ State: _____ Zip Code: _____

For Office
Use Only

Updated in Colleague

SEVIS Update

Staff Initials: _____ Date: _____

Staff Initials: _____ Date: _____