LONG ISLAND BUSINESS INSTITUTE

**FORM: RE150** ☐Flushing ☐Commack ☐Manhattan Site
Contact Information Change Form
Submit to: Registrar/ CC Student file

# Contact Information Change Form

Student Name: _____ Student ID# _____
First Name Last Name

**Contact Information**

Address:

_____

City: State: Zip Code:

_____ _____ _____

Home Phone: Cell Phone: Email:

_____ _____ _____

**Emergency Contact**

Name: Relationship:

_____ _____

Home Phone: Cell Phone:

_____ _____

Students it is your responsibility to always make sure that the contact information is correct and up to date with the Office of the registrar.

Student Signature: _____ Date: _____