

Contact Information Update Form

November 2016

Use this form if any of your contact information has changed.

Name: _____ Registry ID#: _____

Please update the following (check all that apply):

Name

Previous Name: _____

NEW Name: _____ Effective Date of Change: ____/____/____

Mailing Address

Previous Address: _____

City: _____ State: _____ Zip Code: _____

NEW Address: _____

City: _____ State: _____ Zip Code: _____

Contact Phone Number

Previous Phone #: () _____ **NEW** Phone #: () _____

Email Address

Previous Email Address: _____

New Email Address: _____

I certify that the information provided above is true and correct.

Signature: _____ Date: ____/____/____

Mail, fax or email this form to:
The Nevada Registry, 240 South Rock Blvd., Ste. #143, Reno, NV 89502
Fax: (775) 857-3158
Email: nevadaregistry@washoeschools.net

