



MED ED PROGRAM

# UT HEALTH SCIENCE CENTER™

WE MAKE LIVES BETTER

## CHANGE OF ADDRESS

Effective date: \_\_\_\_\_

NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

PHONE: \_\_\_\_\_ Email Address: \_\_\_\_\_

Name of High School (currently attending) or transferring to:

\_\_\_\_\_ Grade/Level: \_\_\_\_\_

Name of University/College transferring to (if applicable):

\_\_\_\_\_ Class Year: \_\_\_\_\_

**FOR OFFICE USE ONLY:**

\_\_\_\_\_

Office Visit: \_\_\_\_\_

Per telephone conversation: \_\_\_\_\_

Date change made in computer: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Per attached letter/note: \_\_\_\_\_

Change made by: \_\_\_\_\_

**UPON COMPLETING THIS FORM, PLEASE RETURN TO:**

Med Ed Program of the Rio Grande Valley  
612 W. Nolana, Suite 530  
McAllen, TX 78504

Laredo Area Med Ed Program  
1937 E. Bustamante Street  
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