

CHANGE OF CONTACT INFORMATION

Personal Information

First Name: _____ Initial: _____
Last Name: _____ DOB: MM / DD / YYYY

New or Correct Residence Address

Do not Use P.O. Box in this space!

Street No.: _____ Street Name: _____ City: _____ State: _____ Zip: _____

New or Correct Mailing Address

Use this space if different from Residence Address!

Street No./Post Office Box No.: _____ City: _____ State: _____ Zip: _____

New Contact Number

Home Phone: _____ N/A Cell Phone: _____ N/A

Old Mailing Address:

Old Contact Number:

Home Phone.: _____ N/A Cell Phone: _____ N/A

Read carefully before signing below: I am the person whose signature name appears on the records above and the mailing address shown is valid, existing and accurate. I certify (or declare) under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

Signature: _____ Date: ____/____/____

Before sending the form, please remember to sign and date!

Fax to: (916) 321 -0480
Mail to: California Department of
Human Resources
Psychological Screening Program
1515 S Street
Sacramento, CA 95811

PSP Use Only:
Updated By: _____
Date: ____/____/____