



Contact Information / Name Change

Locator Number _____
(First 4 letters of last name & last four digits of Social Security Number)

Name _____
First Middle Last

OLD Contact Information

Name _____
First Middle Last

Address _____ Apt.# _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

NEW Contact Information

Name _____
First Middle Last

Address _____ Apt.# _____

City _____ State _____ Zip _____

Phone _____ Alternate Phone _____

Email _____

Signature _____

Date _____

Send to: EICA
1275 E Fort Union Blvd., Ste. 203
Midvale, UT 84047
Help@eica-us.org
Fax (801) 566-1224