

**Attachment 16\_R: Panel Maintenance Update Form****FDA Health and Media Study  
Contact Information Update Form**

*Please complete Parts 1, 2, and 3 below and mail this form back to us in the postage-paid envelope provided.*

**PART 1. CURRENT CONTACT INFORMATION ON RECORD**

Please review the current contact information we have for you below, cross through anything that is incorrect, and write your new information in the space provided. If all of the information is correct please check the "Contact Information Correct" box and complete PARTS 2 and 3.

**CURRENT CONTACT INFORMATION:****UPDATED CONTACT INFORMATION:**

Parent Name

\_\_\_\_\_

Address1 Address2

\_\_\_\_\_

City, State Zip

Telephone:

\_\_\_\_\_

CONTACT INFORMATION CORRECT

**PART 2. EMAIL ADDRESS**

Please provide your email address: \_\_\_\_\_

**PART 3. CONTACT INFORMATION IF YOU PLAN TO MOVE**

If you plan to move in the next 6 months and know your new address and telephone number, please enter it in the space below.

If you plan to move and do not know your new address and telephone number, please provide an address or phone number that we can use to reach you. For example, provide a work number or a cell phone number.

Date you plan to move: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ (circle one): Home Work Cell phone

**Thank you for your assistance!**  
**This information will be kept confidential.**

**OMB No: 0910-0753****Expiration Date: 10/31/2016**

**Paperwork Reduction Act Statement: The public reporting burden for this collection of information has been estimated to average 3 minutes per response. Send comments regarding this burden estimate or any other aspects of this collection of information, including suggestions for reducing burden to PRASstaff@fda.hhs.gov**