

STUDENT INFORMATION CHANGE FORM

International Students

88 _____
Student Identification Number

Visa Type: _____

I am requesting a change of:

(check all boxes that apply)

- 1. Name
- 2. ID Number
- 3. Birth date
- 4. Residential Address
- 5. Mailing Address
- 6. Telephone Number
- 7. Email Address
- 8. Visa Status

Birth date: --
[Month] [Day] [Year]

Name: _____
(Print)

Signature: _____ Date: _____

1.) Name Change: _____
New Last Name New First Name New Middle Initial

2.) New Social Security/Student ID Number: --

3.) Corrected Birth date: --
[Month] [Day] [Year]

4.) New Residential Address:

_____	_____	_____	_____	_____	_____
Number	Street	Apt. No.	City	State	ZIP

5.) New Mailing Address:

_____	_____	_____	_____	_____	_____
Number	Street	Apt. No.	City	State	ZIP

6.) New Telephone Number: (_____) _____ - _____

7.) Email Address: _____

8.) Visa Change of Status: From: _____ To: _____

<input type="checkbox"/>	Faxed to Insurance	by _____	Date _____
<input type="checkbox"/>	Copy for International Counseling	by _____	Date _____
<input type="checkbox"/>	Entered into SEVIS	by _____	Date _____
<input type="checkbox"/>	Sent to Admissions	by _____	Date _____
<input type="checkbox"/>	Entered into DEC	by _____	Date _____