

Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

**ADDRESS CHANGE**

**LOCAL ADDRESS** (Where you live while attending classes at SVSU)

Street: \_\_\_\_\_

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

Local Phone Number: (\_\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Cell/Mobile Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**HOME ADDRESS** (Where you live while not attending classes at SVSU. If same as local, write "SAME")

Street: \_\_\_\_\_

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

Home Phone Number: (\_\_\_\_\_) \_\_\_\_\_ County: \_\_\_\_\_

Cell/Mobile Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Preferred Mailing Address:  Local Address  Home Address

**DEGREE PROGRAM**

1<sup>ST</sup> Major: \_\_\_\_\_

2<sup>nd</sup> Major: \_\_\_\_\_

1<sup>st</sup> Minor: \_\_\_\_\_

2<sup>nd</sup> Minor: \_\_\_\_\_

**Please complete exactly as your audit should read**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Processed By: \_\_\_\_\_ Date: \_\_\_\_\_