

ADDRESS CHANGE FORM

Part 1: To be completed by student

Student Name _____ **Student ID** _____

Local Address

(Where you live while attending classes at SVSU)

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____

Email Address _____

International Home Address

(In your home country)

Street _____

City _____ State _____ Zip _____

Country _____ Telephone (_____) _____

Email Address _____

Student Signature _____ Date _____

Part 2: To be completed by OIAS staff

Colleague _____ | _____ **SEVIS** _____ | _____
Date Initials Date Initials