

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 _____