SEVIS - Address Update Form

*Please **PRINT** clearly and complete **EACH** field*

International Student Programs

For Office Use

Process By: _____ Date: _____

NAME: _____ _____
Family/Surname/Last Name Given/First Name

Student ID: _____ SEVIS ID#: _____ Date of Birth: ____/____/____
MM DD YY

E-mail Address: _____ Telephone #: _____ Gender: ☐ Male ☐ Female

U.S. ADDRESS

Street Address: _____

City: _____ State: _____ Zip Code: _____

FOREIGN ADDRESS

Street Address: _____

City: _____ Province/Territory/State: _____

Postal Code: _____ Country: _____

I state that the information I am providing on this form is true. I further understand that it is a violation of U.S. law to give false information to the college.

Signature: _____ Date: _____