



Saginaw Valley State University
Office of International Programs

ADDRESS CHANGE FORM

Please Print

Name _____

Student Number _____ **Required** SEVIS Number N _____ **Required**

Local Address

(Where you live while attending classes at SVSU)

Street _____

City _____ State _____ Zip _____

Telephone (_____) _____

Email Address _____

Home Address

(In your home country)

Street _____

City _____ State _____ Zip _____

Country _____ Telephone (_____) _____

Email Address _____

Student Signature _____ **Required** Date _____

Office Use Only:

SEVIS	Date:	Initials:
Datatel	Date:	Initials:

Received Date Stamp