

# **CHANGE OF ADDRESS FORM**

## **For International Students**

**(PRINT ALL INFORMATION)**

**DATE** \_\_\_\_\_

**USM ID #** \_\_\_\_\_

**SOCIAL SECURITY #** \_\_\_\_\_

**NAME**

**(last)** \_\_\_\_\_

**(first)** \_\_\_\_\_

**BILLING/MAILING ADDRESS**

for Business Office invoices, mail, and grades

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**LOCAL LIVING ADDRESS**

if different from billing/ mailing address

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**CAMPUS BOX #** \_\_\_\_\_

if you have one

**LOCAL TELEPHONE #** \_\_\_\_\_

**CELL PHONE #** \_\_\_\_\_

**PERMANENT ADDRESS and TELEPHONE**

from home country

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**EMAIL ADDRESS** \_\_\_\_\_