

# F1 CHANGE OF INFORMATION FORM

(Name, Address, Social Security Number, Phone, E-Mail, Emergency Contacts)

**Directions:** Please print and complete all information that needs to be changed, added, and/or connected.  
Please note: Identification is required for address change.

**Student ID Number**

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**Name:** \_\_\_\_\_  
Last First Middle

**NAME** (Complete only those portions of name to be changed)

Last (Family) \_\_\_\_\_  
First \_\_\_\_\_  
Middle \_\_\_\_\_  
Suffix, if applicable (ie. Jr., Sr., III) \_\_\_\_\_

**SOCIAL SECURITY NO.** (Complete only if SSN must be added or corrected.) \_\_\_\_\_

**PRIMARY ADDRESS**

Street Number & Name \_\_\_\_\_  
Apt./Unit \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
County (ie. Howard, Montgomery, etc.) \_\_\_\_\_

**ADDITIONAL ADDRESS** (Only for use by students with P.O. box or international addresses)

P.O. Box Number/Street Number & Name \_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_  
Country (ie. Canada, Italy) \_\_\_\_\_

**PHONE:** Home: \_\_\_\_\_  day  evening  TDD  
(area code)  
Cell: \_\_\_\_\_  day  evening  TDD  
(area code) extension

**E-MAIL** \_\_\_\_\_

**EMERGENCY CONTACT**

Name \_\_\_\_\_  
Relationship \_\_\_\_\_  
Phone: Home \_\_\_\_\_  day  evening  TDD  
Work \_\_\_\_\_  day  evening  TDD

To the best of my knowledge, all the information I have provided on this form is correct. I understand that deliberate falsification of information pertaining to my records could be sufficient grounds for dismissal from the college.

**STUDENT SIGNATURE** \_\_\_\_\_ **DATE** \_\_\_\_\_

F1 Student!  
Please do not process.  
Return to international advising staff.

Office Use

Colleague ID# \_\_\_\_\_  
Processor \_\_\_\_\_ Date \_\_\_\_\_