



Office use only: BANNER _____ SEVIS _____

CHANGE OF INFORMATION FORM

Name: _____ **G#:** _____
First/Given Name Last/Family Name

Address: _____
House number, Street name (e.g., 150 Main St.) Apt. # (e.g., #3B)

City (e.g., San Mateo) State (e.g., CA) Zip code (e.g., 94403)

Phone Number: _____ **E-mail:** _____
(e.g., (650) 574-6525)

SIGNATURE: _____ **DATE:** ____/____/____