



**Office of International Services**  
3410 Taft Boulevard Wichita Falls, Texas 76308-2099  
o 940.397.4568 f 940.397.4087

## Change of Address

### Student Information

(Please PRINT legibly)

Full Name:

\_\_\_\_\_  
*Last (Surname) First Middle Name(s)*

Date of Birth:

\_\_\_\_\_  
*Month Day Year*

Address:

\_\_\_\_\_  
*Street Address Apartment/Unit #*

\_\_\_\_\_  
*City State ZIP Code*

Contact Information:

( ) \_\_\_\_\_  
*U.S. phone number Preferred Email Address*

Citizenship:

\_\_\_\_\_  
*Country of Citizenship Country of Birth*

Travel Information:

\_\_\_\_\_  
*Port of Entry (First airport in U.S.) Date of Entry (mm/dd/yy)*

Visa:

\_\_\_\_\_  
*Visa Type (F -1, H-1B, NATO, etc.)*

Signature:

\_\_\_\_\_  
*Name Date*