



Student Change of U.S. Address & Phone

Please print clearly or type

Student to complete:

Student Name: _____
Family Name First Name MI

Date of Birth: _____ / _____ / _____ PCC Email: _____ @go.pasadena.edu
Month Day Year

SEVIS ID#: N00 _____ PCC ID#: _____

CHANGE OF U.S. ADDRESS

Old U.S. Address:

**Current U.S. Address
(The place you're living now)**

Street Address (Number, street, apartment number if any)

Street Address (Number, street, apartment number if any)

City

City

State Zip code

State Zip code

Telephone Number

Telephone Number

CHANGE OF U.S. Phone

Old Cell Phone Number:

New Cell Phone Number:

I declare that the information supplied by me on this form is true and complete to the best of my knowledge. I authorize this change of information for records pertaining to me held or maintained by the International Student Center and the College. I understand that any falsification of information or intentional misuse of this form may be grounds for disciplinary action, up to and including dismissal from the College.

Student's Signature

Date

ISC Staff to complete:

Unit # _____ Verified Lancer ID SPAIDEN Database SEVIS Initial _____ Date: _____

Important Note: All paperwork requests require 10 business days to process.