



HCC ID: _____

SEVIS ID: N_____

Change of Address Form

*URGENT REQUEST FOR INFORMATION

The **Department of Homeland Security** requires you to maintain current contact information at all times. Address changes must be submitted to our office within 10 days of the change (*8 C.F.R. Part 265 and 8 C.F.R. § 264.1(f) (6)*).

Please completely fill out this form, save it, and then email it as an attachment to int_student_svcs@hccs.edu.

THIS IS A PRIORITY!

Family (Last) Name

First Name

Middle Name

1.) Current **Home** Address

Street _____ Apt # _____

City _____ State _____ Zip Code _____

Country USA _____

Phone _____ Email _____

2.) Current **Mailing** Address

Street _____ Apt # _____

City _____ State _____ Zip Code _____

Country USA _____

Phone _____ Email _____