

**For F-1 Students/Scholars Only**

**Name:**

\_\_\_\_\_  
Last First Middle

Mustang ID/Tech ID: \_\_\_\_\_ SEVIS #: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Country of citizenship: \_\_\_\_\_

**New/Current U.S Address:**

\_\_\_\_\_  
Street Apartment

\_\_\_\_\_  
City State ZIP code

\_\_\_\_\_  
Phone number Email address

**Old/Previous U.S. Address:**

\_\_\_\_\_  
Street Apartment

\_\_\_\_\_  
City State ZIP code

I certify that all of the above information provided is true and complete to the best of my knowledge. I further confirm that I will notify International Student Services immediately of any changes to the information given above.

\_\_\_\_\_  
Signature Date

**This form is to be submitted no later than 10 days after any changes.**

**Please submit to:**  
Southwest Minnesota State University  
International Student Services  
1501 State St. Marshall, MN 56258  
Phone: (507) 537-6445  
Fax: (507) 537-7224

\_\_\_\_\_  
Completed by ISS signature Date