

# Address Change Form



**Registrar** • School of Visual Arts  
209 East 23rd Street, New York, NY 10010-3994  
p212.592.2200 • f 212.592.2069  
registrar@sva.edu

## STUDENT NAME

Please Print

\_\_\_\_\_  
Last Name First Name

\_\_\_\_\_  
SVA ID# Email Address

## LOCAL ADDRESS

(Note that **refunds** will be mailed to this address by default)

\_\_\_\_\_  
Street Address Apt/Floor/Room

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Country

## PERMANENT HOME ADDRESS

(Note that international students must indicate both a home and local address)

\_\_\_\_\_  
Street Address Apt/Floor/Room

\_\_\_\_\_  
City State Zip Code

\_\_\_\_\_  
Country

## TELEPHONE NUMBERS

\_\_\_\_\_  
Area Code/Number  Cell  Local  Home  Other

\_\_\_\_\_  
Area Code/Number  Cell  Local  Home  Other

\_\_\_\_\_  
Area Code/Number  Cell  Local  Home  Other

Please indicate a **preferred address** where you wish to have all mail sent. This includes bills, financial aid letters, and other correspondence from SVA. Refunds will be sent to your local address by default.

**Local Address**  **Home Address**

\_\_\_\_\_  
Student Signature Date (MM/DD/YR)