



# CHANGE OF ADDRESS FORM

Note for MAC Users: The electronically-fillable form will not be accessible for you online. Please email [internationaloffice@sandiego.edu](mailto:internationaloffice@sandiego.edu) to request for a fillable Change of Address form by email. Thank you.

Date: \_\_\_\_\_ USD ID No: \_\_\_\_\_

Name: \_\_\_\_\_  
(Last) (First) (Middle)

Phone: \_\_\_\_\_ Primary Email: \_\_\_\_\_

## Please check the box before the address type you would like to change

### LOCAL ADDRESS

\_\_\_\_\_  
(Street Address) (Apartment/Unit #) (City)  
\_\_\_\_\_  
(State) (Zip Code)

### BILLING ADDRESS

Check if same as LOCAL ADDRESS

\_\_\_\_\_  
(Street Address) (Apartment/Unit #) (City)  
\_\_\_\_\_  
(State) (Zip Code)

### PERMANENT ADDRESS

\_\_\_\_\_  
(Street 1) (Street 2)  
\_\_\_\_\_  
(City) (State/Province)  
\_\_\_\_\_  
(Postal Code) (Country)