COLLEGE FOR CREATIVE STUDIES NAME/ADDRESS CHANGE FORM

		Date		
Name [Current]		Studen	Student I.D. Number	
li	s you wish it to appear on file. Legal documentation, i.e. a copy of the marriage ense, divorce document, etc. must accompany this form in order to process this ange.]			
EMAIL ADDRES	S:			
Are you an intern	ational student studying in	the U.S. on an F-1 visa?	Yes No	
PREFERRED MA	AILING ADDRESS: Se	elect One	Local Permanent	
	ailing Address designates		mic school year most CCS mail	
LOCAL ADDRES		living while attending classes	.]	
Local Address		Local City	Local State	
Local Zip Code	Local Phone Numb	per Cell Phone Number	Date this address expires	
PERMANENT AI	addition, a indicated	will be able to contact you will tuition statements are ma otherwise in the Billing Add		
Permanent Zip Code Permanent F		t Phone Number	Cell Phone Number	
BILLING ADDRE		mailing your tuition statement ailed to your permanent addre	s. If no information is given here, ess listed above.]	
Billing Name		Billing Address	Billing City	
Billing State	Billing Zip Code	Billing Phone Number	Cell Phone Number	
Student's Signatu	ure/Date			
Return to: CCS, Acad	demic Advising & Registration, 20	01 E. Kirby Street, Detroit, MI 48202	-4034 or FAX form to (313) 872-1521	
	Re	gistration Office Use		
Computer E	Entered Date/Initial	Copy sent to	International Student Services?	