

COLLEGE FOR CREATIVE STUDIES
NAME/ADDRESS CHANGE FORM

Date

Name [Current]

ID# or Social Security #

New Name [As you wish it to appear on file. Legal documentation, i.e. a copy of the marriage license, divorce document, etc. must accompany this form in order to process this change.]

EMAIL ADDRESS: _____

Are you an international student studying in the U.S. on an F-1 visa?

Yes

No

PREFERRED MAILING ADDRESS: **Select One**

Local

Permanent

[The Preferred Mailing Address designates that during the regular academic school year most CCS mail (official notices, etc...) will be sent to the preferred mailing address.]

LOCAL ADDRESS: [Where you will be living while attending classes.]

Local Address

Local City

Local State

Local Zip Code

Local Phone Number

Cell Phone Number

Date this address expires

PERMANENT ADDRESS:

[Where we will be able to contact you while school is not in session. In addition, **all tuition statements are mailed to this address unless indicated otherwise in the Billing Address below.**]

Permanent Address

Permanent City

Permanent State

Permanent Zip Code

Permanent Phone Number

Cell Phone Number

BILLING ADDRESS:

[Where we will be mailing your tuition statements. If no information is given here, your bills will be mailed to your permanent address listed above.]

Billing Name

Billing Address

Billing City

Billing State

Billing Zip Code

Billing Phone Number

Cell Phone Number

Student's Signature/Date

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Return to: CCS, Academic Advising & Registration, 201 E. Kirby Street, Detroit, MI 48202-4034 or FAX form to (313) 872-1521
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Registration Office Use

Computer Entered

Date/Initial _____

Copy sent to International Student Services?