Address Change Form

Registrar • School of Visual Arts
209 East 23rd Street, New York, NY 10010-3994
212.592.2200
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

☐ Cell ☐ Local ☐ Home ☐ Other
Area Code/Number

☐ Cell ☐ Local ☐ Home ☐ Other
Area Code/Number

☐ Cell ☐ Local ☐ Home ☐ Other
Area Code/Number

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)