

## CHANGE OF ADDRESS NOTIFICATION FORM

After completing this form you may do one of the following:

1. **MAIL** it to: Swedish Institute, 226 W. 26<sup>th</sup> Street, 5<sup>th</sup> Floor, New York, NY 10001.
2. **Fax** it to us at **(212) 924-7600**.
3. **Submit** it directly to the Swedish Institute **Reception Desk** on the 5<sup>th</sup> floor.

**Please complete the following information:**

Date: \_\_\_\_\_ Expected Date of Graduation: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Work Phone\*: \_\_\_\_\_ E-mail: \_\_\_\_\_

I am an international student.

.....  
OLD Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

.....  
NEW Address: \_\_\_\_\_

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

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

.....  
*\*optional information*