



RHODE ISLAND SCHOOL OF DESIGN  
 Office of the Registrar  
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 registrar@risd.edu

<b>OFFICE USE ONLY</b>	
Date Processed:	_____
DSO Initials:	_____
Sevis:	_____
Datatel:	_____

## INTERNATIONAL STUDENT ADDRESS CHANGE FORM

(To be used for Non-Residents/Students on an F-1 Visa. PLEASE PRINT CLEARLY)

Name (as it appears on Passport): \_\_\_\_\_

Student ID#: \_\_\_\_\_ Date of Birth (mm/dd/yyyy): \_\_\_\_\_ RISD Box#: \_\_\_\_\_

Email Address: \_\_\_\_\_@risd.edu Phone Number: \_\_\_\_\_

Type of Degree: \_\_\_\_\_ Major: \_\_\_\_\_

Expected Date of Graduation (as indicated on I-20): \_\_\_\_\_

- **NOTE:** According to the Department of Homeland Security Regulations, your physical address must be updated within **10 days** of the change being made.
- You must provide a local address and valid phone number (home or cell) if you are not living on campus. A P.O. Box or RISD Box cannot be recorded as your residence address.

### Student Address (Local U.S. Address)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

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

**Circle all that apply:**      Preferred Mailing      Preferred Billing      Preferred Residence

### Student Address (Permanent Non-U.S. Address)

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_ Country: \_\_\_\_\_

Postal Code: \_\_\_\_\_

**Circle all that apply:**      Preferred Mailing      Preferred Billing      Preferred Residence

Is this a parent/guardian address? (Circle one):      **YES**      or      **NO**

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_