

Change of Personal Information

INSTRUCTIONS

Fill out the form legibly and completely. Submit the form in person at PSU campus or fax to 1 (323) 731-7276 or email to studentservice@psuca.edu.

Student Information (All required to identify your reco		Date of Birth (mm/dd/yyyy)			
Full Name (Last, First Middl	le)				
Previous Personal Information			Current Personal Information		
Mailing Address Line 1 - Street		Mailing Address Line 1 - S	Mailing Address Line 1 - Street		
Mailing Address Line 2 - Street		Mailing Address Line 2 - S	Mailing Address Line 2 - Street		
City	State	City	State		
ZIP/Postal Code	Country	ZIP/Postal Code	Country		
Telephone		Telephone	Telephone		
Email Address		Email Address	Email Address		
CERTIFICATION					
			ess to the Immigration and Naturalization Service AR-11, Alien's Change of Address is available a		
Your Certification: I certi	fy that I have read and understand	that I must notify the change of address to	the Immigration and Naturalization Service.		
Signature Required (Digit	tal or electronic signature is not accepted	d)	Date Signed (mm/dd/yyyy)		
			I		

OFFICE USE ONLY			
Updated in CAMS by:	Updated in SEVIS by: (if applicable)		
Updated Date:	Updated Date:		
Comments:	Comments:		