

**This form is to be completed and returned to International Affairs and Global Strategies within 10 days of changing your address.**

*Complete this form to report a change in address or phone number.*

Date \_\_\_\_\_ ELI Student  Yes  No  
UCF ID \_\_\_\_\_  
First Name \_\_\_\_\_ Last Name \_\_\_\_\_  
Cell Phone/Local Telephone Number \_\_\_\_\_ Visa Type \_\_\_\_\_  
Knights E-mail Address \_\_\_\_\_

.....  
**HOME ADDRESS**

New Street Address \_\_\_\_\_  
Apt. Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

.....  
**ALTERNATE MAILING ADDRESS**

Alternate Mailing Street Address \_\_\_\_\_  
Apt. Number \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

.....  
**COMPLETE THIS SECTION IF YOUR HOME COUNTRY CONTACT INFORMATION HAS CHANGED**

New Home Country Mailing Street Address \_\_\_\_\_  
City \_\_\_\_\_ City Code \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Home Country Telephone Number \_\_\_\_\_  
Home Country Email Address \_\_\_\_\_

.....  
**COMPLETE THIS SECTION IF YOUR HOME COUNTRY EMERGENCY CONTACT INFORMATION HAS CHANGED**

New Home Country Emergency Contact Name (Abroad) \_\_\_\_\_  
New Home Country Emergency Contact Street Address \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_ City Code \_\_\_\_\_  
State/Province \_\_\_\_\_ Country \_\_\_\_\_  
Home Country Emergency Contact Telephone Number \_\_\_\_\_  
Home Country Emergency Contact Email Address \_\_\_\_\_