

Student Address Change Form

Student Name: _____

Student ID number: _____

Gender: M F

Date of Birth: _____

Are you Hispanic/Latino? Y N

Are you one or more of the following:

- American Indian or Alaska Native
- Asian
- Black or African American
- Native Hawaiian or Other Pacific Islander
- White

Are you a veteran? Y N

If so, would you like your address changed with VA? Y N

New Address:

_____ Apt# _____

_____ Zip _____

Home phone: (_____) _____ Work phone: (_____) _____

New Email Address: _____

Emergency Contact Person: _____

Home phone:(_____) _____

Work phone: (_____) _____

SIGNATURE

I certify that I am the person whose name appears on this form and do hereby authorize the change of my records to reflect the changes listed above.

Signature _____ Date: _____

Please submit this completed form in person to the Registrar's Office located on the second floor.

The Art Institute of Houston Employee Use Only

EXPECTED DATE OF GRADUATION _____

Updated: _____

Date: _____