



Date:	,	
11316.	,	,
Dau.	,	,

ISSO Change of Address Form

Please completely fill out the student section.

Student Section

Last Name:		First Name:					
Student ID Number:			OU Email Address:				
(NEW) Current/Local Address: (Place of residence while attending Oakland University)							
Address:			City:	State:	Zip Code:		
Telephone Number:	Cell Phone Number: Cell Phone Number:						
NOTE: YOU MUST	PROVID	E A C	URRENT TELEP	HONE NUMBER WI	HEN SUBMITTING FORM.		
Fo	oreign A	Addre	ss: (Your add	ress in your home	country)		
Street Address:							
City:				State/Province:			
Country:	Postal Code:						
Telephone Number: (1	For emer	gency p	ourposes)				
			ISSO USI	E ONLY			
Changed in Banner:	Yes	No	By Whom:		Date:		
Changed in SEVIS:	Yes	No	By Whom:		Date:		