



CHANGE OF CITIZENSHIP STATUS FORM

PLEASE NOTE: CHANGE OF CITIZENSHIP MAY AFFECT BILLING STATUS

Students need to make changes with the Financial and Business Services Office

STUDENT ID NUMBER: _____

STUDENT STATUS: UNDERGRADUATE GRADUATE POST BACCALAUREATE

NAME (as it currently appears on records): _____

PLEASE PROVIDE TWO OF THE FOLLOWING FORMS OF IDENTIFICATION:

Permanent Residency Card

Social Security Card

Tax ID number

COUNTRY OF ORIGIN: _____

STUDENT SIGNATURE: _____ **DATE:** _____

(All students must complete the top portion of this form)

(Only complete information below that you want changed)

NEW ADDRESS CHANGES

PERMANENT ADDRESS: _____

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY

NEW HOME TELEPHONE # _____

CHECK IF YOU NO LONGER HAVE A LOCAL ADDRESS

LOCAL ADDRESS (Address while attending Kutztown University):

STREET ADDRESS

CITY

STATE

ZIP CODE

COUNTY