

CHANGE OF CITIZENSHIP STATUS FORM

<u>PLEASE NOTE:</u> 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 appear	rs on records):		
PLEASE PROVIDE TWO	OF THE FOLLOWING FORM	IS OF IDENTIFICATION:	
Permanent Residency	Card		
Social Security Card			
Tax ID number			
COUNTRY OF ORIGIN:			
STUDENT SIGNATURE: _		\wedge	DATE:
	(All students must comple	rte the top portion of this form)
NEW ADDRESS CHANGE	(Only complete information S	n below that you want change	<i>d</i>)
PERMANENT ADDRESS:	C'	TREET ADDRESS	
		I KEET ADDRESS	
СІТҮ	STATE	ZIP CODE	COUNTY
NEW HOME TELEPHON	E #		
CHECK IF YOU NO L	ONGER HAVE A LOCAL ADD	RESS	
LOCAL ADDRESS (Address	s while attending Kutztown Univer	sity):	
	S	FREET ADDRESS	
CITY	STATE	ZIP CODE	COUNTY