

## CHANGE OF ADDRESS NOTIFICATION FORM

After completing this form you may...

1. **MAIL** it to: **Swedish Institute, 226 W. 26<sup>th</sup> Street, 5<sup>th</sup> Floor, New York, NY 10001**  
Or...
2. **Fax** it to us at **(212) 924-7600**  
Or...
3. **Submit** it directly to: The **Swedish Institute reception desk, 5<sup>th</sup> floor.**

**Please complete the following information:**

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Expected Date of Graduation: \_\_\_\_\_

\*Work Phone: \_\_\_\_\_ E-mail: \_\_\_\_\_

.....  
OLD Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

.....  
NEW Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

E-mail: \_\_\_\_\_

.....  
*\*optional information*