

**Southern Vermont College
CHANGE OF PERSONAL DATA
FORM**

Student Name: _____

S.S. #: _____ - _____ - _____

Address Types:

Billing Address: This is the address that bills, grades, and schedules will be mailed.

Term Address: This is the address you reside at during the semester.

Non-Term Address: This is the address you reside at when school is not in session.

Billing Address:

Street: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____

Term Address:

Street: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____

Non-Term Address:

Street: _____

City/Town: _____ State: _____ Zip: _____

Phone: _____

Student Signature: _____ **Date:** _____