

THE SCHOOL OF THE ART INSTITUTE OF CHICAGO

37 S. Wabash Ave. Chicago, Illinois 60603 312.899-5100

CONTACT INFORMATION CHANGE FORM (please fill out form completely and legibly)

Name _____ ID# _____

ADDRESS AND PHONE NUMBER CHANGE

If you would like ALL of your correspondence from the School to go to one address please write it below:

Phone Number _____

Address _____

City _____ State _____ Zip Code _____ Country _____

MAILING AND LOCAL ADDRESS AND PHONE NUMBER

Used for: Deficiency notices/Academic Standing, Pre-Registration/Graduation Information, Account/Financial Aid Information and general mailings during breaks from semester.

Phone Number _____

Address _____

City _____ State _____ Zip Code _____ Country _____

BILLING ADDRESS AND PHONE NUMBER

Used for: Tuition Bills and Billing Information

Phone Number _____

Address _____

City _____ State _____ Zip Code _____ Country _____

HOME AND PERMANENT ADDRESS AND PHONE NUMBER

Used for: Grade Reports, also as a default address for all offices and general mailings during breaks from semester.

Phone Number _____

Address _____

City _____ State _____ Zip Code _____ Country _____

EMERGENCY CONTACT INFORMATION

Name _____ Relationship _____

Phone Number _____

Address _____

City _____ State _____ Zip Code _____ Country _____

Signature _____