



ADDRESS CONFIRMATION FORM

Have you updated
your address in
SONIS?

Yes No

Date: _____

Family Name: _____

First Name: _____

SONIS ID#: _____

SEVIS ID#: _____

Physical Address: _____

City _____ State _____ Zip Code _____

Mailing Address: _____

City _____ State _____ Zip Code _____

Cell Phone #: _____ Email: _____

Office Use Only:

(P)DSO
Signature: _____ Date Processed: _____

Comments: _____