



Higher Education

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Change of Contact Information

Student Name: _____ SCIT Member #: _____

Home Address

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Mailing Address

Address: _____ Apt #: _____

City: _____ State: _____ Zip: _____

Contact Information

Home Phone: _____ Cell Phone: _____

Email Address: _____

Contact Preference: _____ Telephone _____ Mail _____ Email