NAME /SOCIAL SECURITY NUMBER CHANGE

Office of the Registrar
First Floor, Mitchell Building
College Park, MD 20742
Fax: 301.314.9568

UNIVERSITY ID NUMBER: | | | | | | | | | |

NAME: _____

PLEASE CHECK THE APPROPRIATE BOX AND SIGN BELOW:

☐ Name Change: I intend to continue to use the new name indicated above consistently, and I have not adopted this name for any fraudulent purpose or to interfere with the rights of others.

☐ Social Security Change: I certify that the information on this form is correct.

STUDENT SIGNATURE:

X _____ DATE: _____

NAME CHANGE

Proof of name change (Driver's License, Marriage License, Court Order) MUST be submitted with this form IN ADDITION TO some form of photo ID.

New Name:

LAST

FIRST

MIDDLE

Previous Name:

LAST

FIRST

MIDDLE

SOCIAL SECURITY NUMBER CHANGE

A copy of your Social Security card MUST be submitted with this form.

Correct Social Security Number: | | | | – | | | – | | | | |

Incorrect Social Security Number: | | | | – | | | – | | | | |