

## Name | Date of Birth | Social Security Number Change Request Form

Office of the Registrar University of Maryland 7999 Regents Dr., First Floor, C. M. Mitchell, Jr. Building College Park, MD 20742

Fax: 301.314.9568

University I	D Number	:																		
Name:																				
Select the type of change you are requesting by checking the appropriate box(es) and sign below:																				
Name Change: I intend to use the <a href="mailto:new">new</a> name indicated below consistently. I have not adopted this name for fraudulent purpose or to interfere with the rights of others.  Social Security Change: I certify that the information on this form is correct.  Date of Birth Change: I certify that the information on this form is correct.																				
Student Signature										Date										
NAME CHANGE  Proof of name change (marriage license or court order) and some form of photo ID (e.g. Driver's License) must be submitted with this form.																				
New Name																				
Last:																				
First:																				
Middle:																				
Previous N	Previous Name																			
Last:																				
First:																				
Middle:																				
SOCIAL A copy of your this form. Correct Socia		BIRTH DATE CHANGE  A copy of your Driver's License or passport must be submitted with this form.  Correct Birth Date (MM/DD/YYYY)																		
	-	-										/			/					
Incorrect Soci	Incorrect Social Security Number											rth D	ate (N	ЛМ/.	DD/	YYY	YY)			
		_										/			/					