Your time. Your place.
Chesapeake College at 50

Demographic Data Change Form

If change of address affects residency status, evidence must be provided to the Registrar.

I am requesting:

☐ Name change ☐ Gender change ☐ Address change-does this change residency status-Yes or No?

☐ E-mail change ☐ Phone # change ☐ **MyCampus/CRAB** Access Request

(Name changes and address changes affecting residency require supporting documentation)

My role at Chesapeake College is: ☐ Student ☐ Former Student ☐ Graduate ☐ Employee

Name: _____ _____ _____
Last **First** **Middle**

Former/Maiden name, if applicable: _____

Social Security #: _____ / _____ / _____ **or Chesapeake ID #:** _____
(Do not include your SSN if you are emailing this form)

Mailing Address: _____ **Apt #**_____

_____
City **State** **Zip**

County of residence: _____ **Previous county of residence if submitting an Address change:** _____

Length of time at new address: _____

Home telephone: ( ) _____ **Work telephone: ( ) _____**

Other/cell: ( ) _____

E-mail address: _____

By providing your e-mail address, you are consenting to allow Chesapeake College to e-mail you periodic information related to Chesapeake College Activities.

Signature: _____ **Date:** _____

My signature certifies that I am in compliance with Chesapeake's residency policy as stated in the catalog.
If change of address affects residency status, evidence must be provided to the Registrar

Mail to: Registration Office, Chesapeake College, P.O. Box 8, Wye Mills, MD 21679, Fax to: 410-827-5852, or scan and Email to: registration@chesapeake.edu (do not scan/email if including your SSN)

FOR OFFICE USE ONLY --- DO NOT WRITE BELOW THIS LINE

Supporting Documentation required with Name Change or Address Residency Change

☐ **Driver's License** ☐ **Passport** ☐ **SSN Card** ☐ **Court Order** ☐ **Marriage License**
☐ **Other Gov't Documentation** ☐ **Copy of Lease (12 month lease required)** ☐ **Deed**

Verified by: _____ Date: _____

☐ Name changed ☐ Mail Name changed ☐ Emailed ERP Systems Support Specialist Date:_____