



## 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 No  
 E-mail change       Phone # change       MyCampus/CRAB Access Request

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

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

**Legal Name:** \_\_\_\_\_  
Last First Middle

**Former/Maiden name:** \_\_\_\_\_ **Preferred Name\*:** \_\_\_\_\_  
*(if applicable)* *(if other than legal name)*  
\*Preferred names will show in Canvas but legal names will appear on official documents such as transcripts or diplomas

**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:** \_\_\_\_\_

**Phones - Home:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **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](mailto:registration@chesapeake.edu) (do not email if including your SSN)**

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

**Supporting Documentation required with Legal Name change, SSN or Tax ID# 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     IT Ticket #: \_\_\_\_\_    Date: \_\_\_\_\_