



**UNIVERSITY OF MARYLAND
EASTERN SHORE**

School of Graduate Studies

Name and/or Address Change Request

Please fill in appropriate information and print all information clearly.

Date: _____ **Student ID#:** _____

*****NOTE: "CANNOT" USE CAMPUS PO BOX FOR HOME ADDRESS*****

STUDENT NAME (LAST, FIRST, M.I.)	
CURRENT MAILING ADDRESS	
CITY, STATE, ZIP CODE	
PHONE:	EMAIL ADDRESS:

NAME CHANGE: If you are changing your name, please enter your new name here. Please provide legal documentation of your name change such as a copy of your drivers' license, marriage certificate or Social Security card.

NEW LAST NAME	FIRST NAME	M.I.
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ADDRESS CHANGE: If you are changing your address, please enter your new address here.

MAILING ADDRESS		
CITY	STATE	ZIP

Student Signature: _____