



**UNIVERSITY OF MARYLAND  
EASTERN SHORE**

**REQUEST FOR CHANGE OF DATA**

**(Name, Address, or Phone)**

Please fill in appropriate information and print all information clearly.

Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_

\_\_\_\_\_  
(PRINT NAME)

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

\*\*\*\*\*

Please change my address from:

Please change my address to:

Name: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Apt#/PO Box \_\_\_\_\_

Apt#/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

Phone #: \_\_\_\_\_

The address change is for: Local \_\_\_\_\_ Home \_\_\_\_\_ Parents \_\_\_\_\_ Other \_\_\_\_\_

Student Signature: \_\_\_\_\_

Admissions Officer: \_\_\_\_\_