



Demographic Data Change Form

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

I am requesting:

- Name change Address change Address change affecting residency
 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 #:** _____

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: _____