

## **Demographic Data Change Form** If change of address affects residency status, evidence must be provided to the Registrar.

I am requesting:					
Name change	Gender chan	ge	Address change-	does this change	residency status-Yes No
E-mail change	Phone # change MyCampus/CRAB Access Request				
(Legal Name changes	and address char	nges affectin	g residency requ	ire supportin	ng documentation)
My role at Chesapeake	College is: 🗌 S	Student 🗌	Former Student	t 🗌 Gradua	te 🗌 Employee
Legal Name:					
La	ast		First		Middle
	ne: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 #:
(1	o not include your SSN if	<sup>r</sup> 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:					
E-mail address:	By providing your e-mail o to e-mail you periodic	uddress, you are c information relate	onsenting to allow Ches ed to Chesapeake Colleg	sapeake College ge Activities.	
Signature:				Date:	
	rtifies that I am in comp <b>ge of address affects re</b>			policy as stated in	the catalog.
	ion Office, Chesapeak nd Email to: <u>registrati</u>				
	FOR OFFICE USE O	NLY DO NO	OT WRITE BELOW	THIS LINE	
Supporting Documentat	tion required with Leg	al Name chang	e, SSN or Tax ID# cl	hange, or Addres	ss Residency Change
Driver's License Pass	-		-	License	
fied by: Da	ite:				
□ Name changed □ Mail	Name changed	] IT Ticket #:		Date:	