Update Contact Information Form

Student's Instructions

Name Change:
Submit the completed Update Contact Information Form along with one (1) of the following proofs of name change:
- Updated Social Security card
- Driver's license
- Marriage license or other appropriate legal document

Copies of proof are filed in your Admissions record.

Address Change:
An Update Contact Information Form must be completed and submitted if you have moved within the tri-county area (Charles, St. Mary's or Calvert counties).

If you have moved into the tri-county area (Charles, St. Mary's or Calvert counties), from outside the tri-county area, and are seeking to establish in-county residency for tuition purposes, you must submit a Residency Status Change Form along with two (2) forms of documentation.

Acceptable forms of documentation are: Maryland driver's license, vehicle registration, voter's registration, military orders, paystub showing local address and tax withholdings, rental agreement, or house settlement papers.

**Note:** **In order to receive in-county tuition, documentation must be dated three (3) months prior to the beginning of the semester.**

Telephone Changes:
Complete form as indicated, sign and submit.

Email Changes:
In order to change your email address with the College of Southern Maryland, you must log onto Online Services through your myCSMD account.

Download and complete the Update Contact Information Form:
Once completed:
- Bring the form into any of our four campus locations
- Mail to: College of Southern Maryland, ATTN: Call Center,
  P.O. Box 910, LaPlata, MD 20646-0910

If the change that you are requesting does NOT require any additional documentation, you may fax the form to the Admissions office at: 301-539-4791.
## Update Contact Information Form

Name: ________________________________       ____________________________    ________

Last       First       MI

Student ID#: __________________         or last four digits of Social Security #: _______________

Birth Date: _____/______/_______

Request:

- [ ] Address Change
  
  Previous Address
  
  New Address

- [ ] Name Change
  
  Former Name
  
  New Name

- [ ] Telephone Change
  
  Day Telephone
  
  Night Telephone

Signature _________________________________________       Date: _____/_____/_______