

# 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.



8730 Mitchell Road, P.O. Box 910, La Plata, Maryland 20646  
Fax - 301.539.4791 Email - askme@csmd.edu

### 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: \_\_\_\_/\_\_\_\_/\_\_\_\_