



Student Demographic Data Change Form

Please use this form to ensure CSM has the most current contact information in the event of an emergency. If your information has changed since you registered for Kids' and Teen College, make the appropriate changes below.

Name: _____

Last

First

Middle Initial

CSM ID #: _____ Former/Maiden Name, if applicable: _____

Social Security Number: _____ Birth Date: _____

Mailing Address: _____

County of residence: _____

Previous County of residence if submitting an address change: _____

Length of time at new address: _____

Are you active military? _____ Yes _____ No

Day Telephone: (_____) _____ Evening Telephone: (_____) _____

E-mail address: _____

By providing your e-mail address, you are consenting to allow CSM to e-mail you periodic information related to CSM activities.

Signature: _____ Date: _____

My signature certifies that I am in compliance with the college's residency policy as stated in the College of Southern Maryland catalog.