

UNIVERSITY OF MARYLAND, BALTIMORE
SCHOOL OF MEDICINE
CHANGE OF ADDRESS AND NAME FORM

DATE _____

CLASS OF _____

SSI# _____

CURRENT LAST NAME _____

FORMER LAST NAME _____

FIRST NAME _____ MI

STREET ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (____) _____

*****NOTIFY CHANGES WITH THE OFFICE OF REGISTRAR AND RECORDS AND FINANCIAL AID, TOO.**

IT IS THE RESPONSIBILITY OF EACH STUDENT TO INSURE THAT THE CORRECT PERMANENT ADDRESS IS ON FILE WITH THE REGISTRAR AT ALL TIMES. ALSO, ALL INFORMATION ISSUED BY THE OFFICE OF THE REGISTRAR WILL BE SENT TO THE P E R M A N E N T MAILING ADDRESS.