

Additional Information Form

The purpose of this form is to validate demographic and identity information submitted to the University of Maryland Global Campus (UMGC) related to educational records including but not limited to the admissions application, institutional forms, and/or governmental applications. Your personal information and documents will be stored securely and treated in accordance with the Family Educational Rights and Privacy Act of 1974.

I. Student Information Student's ID #: Student's Name:				
Permanent Street Address:	(As entered on the admissions applicati	ion)		
City:	State:	Zip Code:		
Phone Number:	Email:	r	Date of Birth:	
Color Copy of SocialCopy of Birth Certific	nment-issued, valid, unexpired photo Security Card	·		
☐ Mortgage st	.g., gas, electric, water, etc.) (within atement (within the last 30 days) ment (within the last 30 days)	the last 30 days)		

Alternative documentation can be submitted if you are unable to provide one of the above documents. Acceptable alternatives include but are not limited to a pay stub from your employer, correspondence from a government agency (e.g. Internal Revenue Service, Social Security Administration, Department of Motor Vehicles, Board of Elections). As above, any third-party documents corroborating your address should be in your name and dated within the last 30 days.



Supplemental Information		
Use the space below to include any additional information you feel will be helpful in verifying your identity. Please also let us know of any identity theft issues you have experienced.		
II. Identity Verification		
an unexpired, valid government-issued photo	of acknowledgement form below along with a color copy (front and back) of identification (ID) such as, but not limited to, a driver's license, other GC cannot accept Military ID card copies per Title 18, U.S. Code, Part I, not be used to complete this requirement.	
information was submitted to UMGC. I under records including the admissions application, termination of financial aid processing at UMG understand that UMGC will report any inform	ng this form, I attest that I am the person whose name and identifying stand that the falsification of any information provided on educational institutional records, financial aid applications or this form will result in a GC, withdrawal from courses, and/or referral to student judicial affairs. I nation believed to be fraudulent to the U.S. Department of Education, ate and/or local agencies for further investigation.	
Student Signature	Print Name	
(wast be signed by halla, not typea)		



Notary's Certificate of Acknowledgement

State of		
City/County of		
On	, before me,	
(Date)	, before me,(Notary's printed name)	
personally appeared,	, and proved to me (Printed name of Student)	
on the basis of satisfactor	y evidence of identification	
	to be the above-named person who signed the foregoing instrument.	
	WITNESS my hand and official seal	
	(Notary's signature)	
	My commission expires on	
	(Date)	
	[SEAL]	