

Demographic Information Update Form

Instruction Page

Complete this form to update:

- primary name
- telephone number
- permanent address
- e-mail address
- date of birth
- social security number
- gender

Note: Changes to your **name, date of birth** or **social security number** require official documentation.

Acceptable documents are:

- valid passport
- social security card
- valid driver's license or state ID card
- marriage certificate
- valid permanent resident card
- birth certificate
- divorce decree
- court-approved petition for name change
- valid alien registration card
- valid military card

Mail, fax, or email page two of the completed form along with a copy of required documentation to:

Academic Operations
University of Maryland Global Campus
3501 University Boulevard East
Adelphi, Maryland 20783 USA
Fax number: 240-684-2005
Email: saverifications@umgc.edu

**Please ensure all appropriate areas of the form are completed before submitting.
A physical signature is required on the form.**

Important Note About Online Classroom Usernames

This name change will not change your username used to access your online classroom, myUMGC, or your student e-mail account. It will only change your display name and your name on the class roster in the online classroom. If you would like your preferred name to be displayed, please send an e-mail to saverifications@umgc.edu and we will review the request.

Demographic Information Update Form

*Required Field

Last 4 of SSN or Complete Student ID Number*:

(Student ID can be found on your Student Portal: MyMenu > MyInfo > Demographic Info)

Indicate what information you are updating*:

Date of Birth*:

(MMDDYYYY)

Social Security Number:

(If updating, please ensure that your SSN card is included with this form.)

Name as it currently appears on your record:

Last:

First:

Middle:

Prefix:

Suffix:

Name as it should appear on your record:

Last:

First:

Middle:

Prefix:

Suffix:

Address:

Address 1:

Address 2:

Address 3:

City:

State:

Postal:

County:

Country:

Phonenumbers *(include areacode)* and Primary e-mail address

Home:

Work:

Cell:

E-mail address:

Confirm e-mail:

Gender: Male to Female (M to F) Female to Male (F to M)

I understand by checking one of the above boxes UMGC will appropriately update my student record per my request.

Initial: _____ Date: _____

I certify that the information provided on this form is true and accurate.

Signature: _____

Date: _____