



Office of the University Registrar
Henry Administration Building, Suite 1200
14000 Jericho Park Road Bowie, Maryland 20715
Phone: 301-860-3730 Fax 301-860-3438
www.bowiestate.edu

REQUEST FOR DATA CORRECTION FORM

Please complete the appropriate sections and print clearly.

DATE: _____ STUDENT ID: _____

Last Name: _____ First Name: _____ M.I. _____

TYPE OF CHANGE REQUEST Check the appropriate item(s) and complete the corresponding sections below.

___Address ___Phone ___Name ___Social Security #

SECTION 1: CHANGE OF ADDRESS

A change of address does not indicate a change in Residency Status but it can affect your current status. Note: **CRMC is the only dorm that can be used as a home address.** Your student ID or State / government Photo ID should accompany the change of address request.

PREVIOUS: Home Address _____

PREVIOUS: Phone # _____ (specify /check one) Home ___ Work ___ Mobile ___

NEW HOME ADDRESS: _____ Apt. _____

City/Town: _____

State: _____ Zip: _____ County: _____

NEW PHONE #: _____ Home ___ Work ___ Mobile ___

SECTION II. CHANGE OF NAME

Your signed social security card and one of the following documents that reflects the same name must accompany the change of name request: state/government photo identification, birth certificate, marriage certificate, divorce decree, court petition, or passport.

| PREVIOUS: Last Name | First Name | Middle Name |
|---------------------|------------|-------------|
|---------------------|------------|-------------|

| | | |
|-----------------------|------------|-------------|
| NEW: Last Name | First Name | Middle Name |
|-----------------------|------------|-------------|

SECTION III. CHANGE OF SOCIAL SECURITY NUMBER (SS#)

You must attach a signed copy of your government issued social security card.

| PREVIOUS SS#: | NEW SS#: |
|---------------|----------|
|---------------|----------|

Your supporting documentation should be directed to the Enrollment Services Division's servicing window located on the 1st Fl. Henry Administration Bldg. (**recommended**) or to registrar@bowiestate.edu.

The Office of the Registrar reserves the right to request additional documentation to support the verification of identity.

| | |
|----------------------------|-------------|
| Student's Signature: _____ | Date: _____ |
|----------------------------|-------------|