NOTRE DAME
OF MARYLAND
UNIVERSITY

Name or Address Change Form

Submit the form in Person to Registrar's Office or email to registrar@ndm.edu. For Name change attach a copy of your Photo ID : Marriage Certificate, Drivers License or Social Security Card.

Personal Information   Fields with * are Required

Current Information	New Information
*Last Name :	Last Name :
*First Name :	First Name :
Middle Name :	Middle Name :
Street Address :	Street Address :
City :	City :
State : Zip Code :	State : Zip Code :

*Date of Birth : _____   Division : ○ ACC ○ GRD ○ WEC ○ WOM ○ FAC/STF ○ SOP

*Last 4 Digits of SSN : _____   *Phone Number : _____

Alternate E-mail Address : _____

For account change notification, one-time use.

*Signature : _____   *Date : _____

An Updated ID card will be prouced for all Name Changes. Please visit IT Help Desk in Rice Hall to receive your updated ID card after you have been notified about account name change.

Registar's Office Use :

Date Received : _____	Date Completed : _____	Initials : _____

Information Technology Use :

Date Received : _____	Date Completed : _____	Track-It!# : _____

New User Name : _____   ○ @ndm.edu   ○ @live.ndm.edu

Passwords will remain unchanged