

## **Change of Student Information**

This form updates information in your student record. If you are also a CCBC employee, complete the Personal Information Form (PIF) and submit to the Human Resources and Payroll offices to update your employment records.				
CCBC campus (check one): Catonsville Dundalk Essex Hunt Valley Owings Mills Randallstown				
Student Name		CCBC ID #	CCBC ID #	
<b>Date of Birth</b> (Month) (Day) (Year)				
EMERGENCY CONTACT (child, friend, guardian, parent, relative, spouse/partner, other)				
Name	Rela	rtionship F	hone	
NAME CHANGE				
Current Name Legal Last		Lenal First	MI	
	Legal First			
	* Preferred name will not appear on transcripts, SIMON class rosters, tax, billing or financial aid information.			
Treferred First Harrie	rieleited frame will not appeal on transcripts, slivion class rosters, tax, plining or iniancial aid information.			
CHANGE OF RESIDENCE, EMAIL ADDRESS OR TELEPHONE NUMBER  FORMER  NEW			rsa.	
		Street		
Street	Apt.#	Sileet	Apt.#	
City or County		City or County		
State	Zip	State	Zip	
Email Address		Email Address		
Telephone	Work	Telephone	Work	
Home	Cell	Home	Cell	
DETERMINATION OF BALTIMORE COUNTY OR STATE OF MARYLAND RESIDENCY				
By signing this form, I certify that I live or have lived in the city, county or State of Maryland for at least three months before the published start date of the semester or session of my enrollment. My residency eligibility is supported by my physical presence and possessions and by providing two or more different forms dated three months before the first day of the semester or session. For details visit www.ccbcmd.edu/catalog				
• State or information card ID • IRS tax transcript		<ul> <li>Pay stub with current address</li> </ul>		
• Utility bill (gas/electric,phone, cable)	,		se,rental agreement or deed of residence	
• Bank statement • Voter's registration card (Additional documentation may be required)				
The domicile of a person who received more than one-half of his/her financial support from others in the most recently completed year is the domicile of the person contributing the greatest portion of support, with regard to whether the parties are related by blood or marriage. A student who is under 18 years of age must claim his or her parents or legal guardians.				
Documents presented after the last day of the third week of classes, or after 20% equivalence of the semester or session, will be considered for the next term.				
My residency is:Baltimore CountyOther Maryland county or Baltimore CityInternational or out-of-state				
Signature Date				
<b>Electronic signature:</b> By typing your name on the signature line, you are signing this request electronically. You agree that your electronic signature is the legal equivalent of your manual/handwritten signature and is as valid as signing the document in writing. You are also confirming that you are the person authorized to make this request.				
FSC or RO Date				

Effective: \_\_\_\_\_\_Spring \_\_\_\_\_\_ Summer\_\_\_\_\_\_Fall Year \_\_\_