

Change of Address/ Contact Information



Name: _____

*If you are an international student, please read below.

Student ID: _____

Social Security Number: _____

___ Change effective immediately

___ Change effective: _____

Updated Address:

Updated Telephone:

Home: _____ Work: _____

Updated E-mail:

Primary: _____

Secondary: _____

Signature: _____ **Date:** _____

Return to:

Office of Registration and Records
Capitol College
11301 Springfield Rd.
Laurel, MD 20708
Fax: 301 369-2310

** Special note to international students. You are required by law to notify the Immigration and Naturalization Service of any change of address within 10 days of the change. You should complete a form AR-11 and send it to the INS. Forms are available in the Office of Registration and Records or via the web at www.ins.gov. It is your responsibility to comply with these regulations. Failure to comply with these regulations may jeopardize your status in the United States.*