



CHANGE OF PERSONAL INFORMATION

Students that are also faculty/staff should also complete this process through Workday.

First Name: _____ Last Name: _____

ID #: _____

CHANGE OF NAME*

When submitting a request for a Change of Name, you must provide two forms of identification verifying the new name (i.e. passport, driver's license, an original/certified copy of birth certificate, court order, or marriage certificate):

New Last Name

New First Name

New Middle Name

Students who request a new email account and login information are changed in the system at the end of the semester (one week from the last day of classes). Please do not use your Marymount Account during this time. The following day please reset your password by clicking "Reset Password" on my.marymount.edu. If you have questions, please contact Information Technology Services at 703-529-6990.

***Students with Financial Aid should confirm with the Financial Aid Office regarding their name change before submitting this paperwork to the Office of the Registrar.**

CHANGE OF SOCIAL SECURITY NUMBER

When submitting a request to add or update your SSN, you must provide a copy of your Social Security card with this request.

New SSN: _____

DATE OF BIRTH CORRECTION

When submitting a request to update your date of birth on file, you must provide a copy of your photo ID (i.e. driver's license, passport) with this request.

New Date of Birth: _____

CHANGE OF ADDRESS (check all that apply):

Permanent

Address: _____

Local

City: _____ State: _____ Zip Code: _____

CHANGE OF TELEPHONE NUMBER:

Home

Work

Cell

CHANGE OF PERSONAL E-MAIL:

By signing this request, I request that the change(s) listed above be made to my official student record.

Signature: _____

Date: _____

For Office Use Only	
Initials	
Date	

Revised 7/17/20

Office of the Registrar
2807 North Glebe Road
Arlington, VA 22207

Phone: (703) 284-1520
Fax: (703) 516-4505
registrar@marymount.edu