Name & Address Change Form

USM Registrar's Office
37 College Avenue
Gorham, ME 04038
Fax 207-780-5517

Date:_____ ID Number: _____ _____ _____

Please Print:

NAME CHANGE ONLY:*

***Name changes require a copy of an official documentation, such as a court document or driver's license.**

Former Name: _____
Last First Middle

Current Legal Name: _____
Last First Middle

This is a legal name change: _____
Signature

ADDRESS CHANGE ONLY:

Address changes can be processed on MaineStreet.

Old Address: _____

City: _____ State: _____ Zipcode: _____

Phone: (___)_____

New Address: _____

City: _____ State: _____ Zipcode: _____

Phone:(___)_____