CAPITOL TECHNOLOGY UNIVERSITY
1927

Change of Contact Information

The Office of Registration and Records

Full Name: _____
first middle I. last

Student ID: _____

Updated Address:

_____

_____

_____

Updated Telephone:

Home: (__) _____ Work: (___) _____ Cell: (___) _____

Updated E-mail:

Primary: _____

Secondary: _____

___ Information change effective immediately

___ Information change effective: _____

Signature: _____ **Date:** _____

Return completed form to:
Office of Registration and Records
Capitol Technology University
11301 Springfield Road, Laurel, MD 20708
Fax: 301 369-2310 / Phone: 301-369-2800
Email: registrar@CapTechU.edu

***For International Students Only: 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.**