



Additional Information Form

The purpose of this form is to validate demographic and identity information submitted to the University of Maryland Global Campus (UMGC)

and treated in accordance with the Family Educational Rights and Privacy Act of 1974.

This completed form must be submitted by mail to:
UMGC Office of Compliance 3501 University Blvd. East, Adelphi MD 20783 USA

I. Student Information

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Permanent Street Address _____



Supplemental Information

Use the space below to include any additional information you feel will be helpful in verifying your identity. Please also let us know of any identity theft issues you have experienced

II. Identity Verification

Instructions: Along with a color copy (front and back) of an unexpired valid government issued photo identification (ID) such as a state-issued ID, or passport. Please note UMGC cannot accept Military ID card copies per Title 18, U.S. Code, Part I, Chapter 33, Section 701. Therefore, they cannot be used to complete this requirement.

By signing this form, I attest that I am the person whose name, and identifying information was submitted to UMGC. I understand that the falsification of any information provided on educational records including the admissions application, institutional records, financial aid application, and this form will result in a termination of financial aid processing at UMGC, withdrawal from courses, and/or referral to student judicial affairs. I understand that UMGC will report any information believed to be fraudulent to the U.S. Department of Education, Office of Inspector General, other federal, state and/or local agencies for further investigation



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State of _____

City/County of _____

On _____, before me, _____
(Date) ~ E } š Œ Ç [• % Œ] v š v u •

personally appeared, _____, and proved to me
(Printed name of Student)

on the basis of satisfactory evidence of identification _____
(Type of unexpired government issued photo ID provided)

to be the abovename person who signed the foregoing instrument.

WITNESS my hand and official seal

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My commission expires on _____
(Date)

