



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES
 4301 JONES BRIDGE ROAD
 BETHESDA, MARYLAND 20814-4799



MEMORANDUM FOR REGISTRAR'S OFFICE, USUHS

SUBJECT: Information Change

1. My identifying information is (please **PRINT**):

Name: _____

Social Security #: _____ - _____ - _____; Graduation year: _____

E-mail address: _____

2. The following information has changed (check all that apply):

_____	Name	_____	Service
_____	Address	_____	USUHS box #
_____	Telephone	_____	Other

3. The **new** information is:

<u>Category</u>	<u>New Information</u>
_____	_____
_____	_____
_____	_____
_____	_____

Signature

Date