



Notification of Change of Contact Information

Please print this form, fill it out completely, and mail or fax it to the Office of the Registrar at 410-888-9278. If you have any questions please call the Registrar's office at 410-888-9048 ext. 6659

Name (please print): _____ D.O.B: _____

Please check one or more of your affiliation(s) with MUIH:

Student Alumnus/Alumna Other – Please describe: _____

Address Update

Please indicate which address you would like to update: Home Private Practice Personal Business Office/Work Parent

New address:

Street: _____ City, State, Zip: _____

Previous address:

Street: _____ City, State, Zip: _____

Is this your primary mailing address? Yes No

Phone Number Update

New Contact Numbers:

Home: (____) _____

Personal Business: (____) _____ ext. _____

Office/Work: (____) _____ ext. _____

Private Practice: (____) _____ ext. _____

Cell: (____) _____

Fax: (____) _____

Previous Contact Numbers:

(____) _____

(____) _____ ext. _____

(____) _____ ext. _____

(____) _____ ext. _____

(____) _____

(____) _____

Indicate which number is your primary contact number:

Home Personal Business Office/Work Private Practice Cell Fax

Email Update

New Email Address:

Home: _____

Personal Business: _____

Office/Work: _____

Private Practice: _____

Previous Email Address:

Indicate which email address is your primary point of contact: Home Personal Business Office/Work Private Practice

Signature: _____ Date: _____