The College of New Jersey Office of Records & Registration P.O. Box 7718, Ewing, NJ 08628-0718 609-771-2141

CHANGE OF NAME

CURRENT ACTIVE STUDENTS may request a change of name on their institutional records upon presenting this form accompanied with legal documentation indicating the change of name. Minor changes such as spelling errors may be corrected upon official documentation or photo identification showing the correct name.

FORMER STUDENTS must request a change of name ONLY through a court order.

(6 digit PAWS ID)	PHONE:	E-M/	AIL:	
ADDRESS: Street		City	State	Zip
Please Indicate: CURRENT	STUDENT [FORMER STUDEN	NT	
Dates of Attendance:				
NAME CHANGE				
Current Name		Firs	st	Middle
FORMER Name (used while in	n attendance):	Firs	5T	MIDDLE
New Name	Last	First		MIDDLE
PLEASE PROVIDE ONE FORM SECURITY CARD WITH NEW O Court Order O Naturalization		Certificate O	E ISSUED PHOTO Divorce Decre Birth Certifica	e
**************************************	Γ BE AN ORIGINAL TH THE CURRENT D SOCIAL SECURIT ITY CARD REFLEC	OR NOTARIZED COP 'NAME AND MUST BE FY CARD WITH NEW 'TING THE STUDENT'	PY (WITH RAISE E PRESENTED AI NAME. FAILURI S NEW NAME M	D SEAL) LONGSIDE E TO PROVIDE AY