



The College of New Jersey
 Office of Records and Registration
 P.O. Box 7718, Ewing, NJ 08625-0718
 Phone: (609)771-2141 Fax: (609)637-5184

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 may request a change of name ONLY through a **court order**.

PAWS ID: Phone: TCNJ E-Mail:

 Street Address City State Zip Code

Please Indicate: Current Student Former student- SSN required _____

Dates of Attendance to

NAME CHANGE

Current Name:

 Last Name First Name Middle

Former Name:
 (used while in attendance)

 Last Name First Name Middle

New Name:

 Last Name First Name Middle

Please provide one form of documentation alongside state issued photo ID AND social security card with new name:

- Court Order Marriage Certificate Divorce Decree
 Naturalization Passport Birth Certificate

ALL DOCUMENTATION MUST BE AN ORIGINAL OR NOTARIZED COPY (WITH RAISED SEAL) LINKING THE NEW NAME WITH THE CURRENT NAME AND MUST BE PRESENTED ALONGSIDE STATE-ISSUED PHOTO ID AND SOCIAL SECURITY CARD WITH NEW NAME. FAILURE TO PROVIDE A COPY OF A SOCIAL SECURITY CARD REFLECTING THE STUDENT'S NEW NAME MAY INTERFERE WITH THE STUDENT'S ABILITY TO RECEIVE FEDERAL FINANCIAL AID.

 Signature Date: _____ Staff Signature Date: _____