



The College of New Jersey
 Office of Records and Registration
 P.O. Box 7718, Ewing, NJ 08628-0718
 Phone: (609)771-2141 Fax: (609)637-5184

CHANGE OF GENDER

GENDER CHANGE to reflect legal or biological gender identity change on records
 € Male € Female

PLEASE PROVIDE ONE FORM OF DOCUMENTATION ALONGSIDE STATE ISSUED PHOTO ID AND SOCIAL SECURITY CARD:

- A medical certificate from a licensed physician indicating the change of gender
- Letter of support from qualified mental health professional
- Amended birth certificate or court order legalizing the preferred gender

PAWS ID: Phone: TCNJ E-Mail:

Address City State Zip Code

Please Indicate: Current Student Former Student Dates of Attendance to

NAME CHANGE (If Requesting):

Current Last Name: _____ First Name: _____ MI: _____

Former (used while in attendance) Last Name: _____ First Name: _____ MI: _____

New Last Name: _____ First Name: _____ MI: _____

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 A STATE-ISSUED PHOTO ID AND SOCIAL SECURITY CARD. 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