

INFORMATION CHANGE FORM

Cumberland Campus
Student ID#

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Information Change: *(Please check as appropriate)* **SS#** **Name** **Address** **Phone#**

I certify that I reside permanently at the address stated on this form in the county of _____ and have lived in the State of New Jersey for a period of not less than one year prior to and immediately preceding my initial enrollment in the college.

**** Documentation is required to verify change in name, social security number, and/or in-county residency.**

Print information - A window Envelope will be used. You are responsible for correct, complete, and legible information.

Previous name: _____ SS#:

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NAME: _____ Home Phone: _____

STREET: _____ Cell Phone: _____

CITY/STATE/Z.I.P Code: _____ Email: _____

OFFICE USE ONLY

Registrar's Signature

Date on file

Student's Signature

Date