

The College of New Jersey

Office of Records & Registration

PO BOX 7718

Ewing, New Jersey 08628-0718

Phone: (609) 771-2141 ~ Fax: (609) 637-5184

CHANGE OF ADDRESS

(Please include a copy of your driver's license with this request)

Name: _____

New Mailing address: _____

City _____ State: _____ Zip: _____

Daytime contact number: (_____) _____

Email address: _____

Social Security Number: xxx - xx - _____

Date of birth: _____ - _____ - _____

Signature (required) _____ Date: _____

(Current students please complete change of address in PAWS)

Office Use

Date: _____

Staff: _____