

The College of New Jersey

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

CHANGE OF NAME

ID #: <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> (6 digit PAWS ID)	PHONE:	E-MAIL:
ADDRESS: Street City State Zip		

Please Indicate: UNDERGRADUATE GRADUATE

FORMER Last Name: _____ First Name: _____ M.I. _____

NEW Last Name: _____ First Name: _____ M.I. _____

REASON FOR CHANGE:

YOU MUST PROVIDE A NOTORIZED COPY OF LEGAL CHANGE DOCUMENT(S)
AND PRESENT A PHOTO ID.**

**Legal documentation reflecting the name change such as court order or marriage certificate.

If the change is due to an error within the TCNJ database, please provide official document or identification that indicates the correct spelling, such as driver's license.

COPY WILL BE RETAINED IN THE OFFICE OF RECORDS AND REGISTRATION

Student Signature

Date

R&R Staff Signature

Date