

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="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> (8 digit TCNJ ID or 9 digit S.S. #)	PHONE: _____ EMAIL: _____
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PLEASE INDICATE: UNDERGRADUATE GRADUATE

NEW LAST NAME: _____ FIRST NAME: _____ M.I. _____

FORMER LAST NAME: _____ FIRST NAME: _____ M.I. _____

REASON FOR CHANGE:

MUST PROVIDE COPY OF LEGAL CHANGE- DOCUMENT WILL NOT BE RETURNED.

STUDENT SIGNATURE

DATE