

## CHANGE OF INFORMATION FORM

Student ID: \_\_\_\_\_

Current Name: \_\_\_\_\_  
*Last*
*First*
*MI*

*Complete all sections that apply:*

**CHANGE NAME TO:** Reason for name change: (circle one):    correction   -   legal   -   marriage   -   divorce

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*Last* *First* *MI*

*Official Document supporting name change is required.  
Examples include: photocopy of Social Security Card, court decree, etc.*

**CHANGE SOCIAL SECURITY NUMBER:**

\_\_\_\_ / \_\_\_\_ / \_\_\_\_      \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Old Social Security Number New Social Security Number

**CHANGE ADDRESS TO:**

Street \_\_\_\_\_ Building/Apt. # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Daytime Phone # ( \_\_\_\_\_ )  
area code

Evening Phone # ( \_\_\_\_\_ )      Cell Phone # ( \_\_\_\_\_ )  
area code      area code

**CHANGE EMAIL ADDRESS TO:**

E-Mail Address: \_\_\_\_\_

Directions for Completing this Form:

- Any change of address must be accompanied by a telephone number and a zip code.
- Any change to Morris County Residency (for tuition purposes) must be approved by the Office of the Vice-President for Student Development and Enrollment Management (SCC 132).
- Any Social Security number change must be accompanied by a copy of the original Social Security card.
- Any name change must be accompanied by official, legal documentation.
- This form must be signed and dated.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_