



Change of Information Form

Student ID: _____

Current Name on File: _____

Complete all sections that apply:

Change Address To:

Street _____ Bldg./Apt. # _____

City _____ State _____ Zip Code _____

County _____ **Any change to Morris County residency (for tuition purposes) must be approved by the Office of the Vice President for Student Development & Enrollment Mgmt. (SCC 132)*

Home Phone # _____ Cell Phone # _____

Change Personal Email Address To:

Change Name To:

_____ **First Name** **Middle Name** **Last Name**

**Official documentation supporting your name change is required. (i.e.: Social Security Card, License, Court decree, etc.)*

Change Social Security Number To:

_____ - _____ - _____ _____ - _____ - _____
New Social Security Number Old Social Security Number

**Please provide new Social Security Card*

Student Signature _____ **Date** _____

Records & Registration Use Only:

Processed by: _____ **Date:** _____
DMRS Processed _____ **STU email deleted** _____