



# NAME CHANGE FORM

*PLEASE PRINT CLEARLY*

FAX FORM TO: ADMISSIONS - (908) 709-7125 PHONE: (908) 709-7596

STUDENT ID # OR SS # \_\_\_\_\_  
(THIS FORM MAY NOT BE USED FOR A SOCIAL SECURITY CHANGE)

**CURRENT NAME ON RECORD**

**NEW NAME**

\_\_\_\_\_  
LAST

\_\_\_\_\_  
LAST

\_\_\_\_\_  
FIRST

MI

\_\_\_\_\_  
FIRST

MI

HOME PHONE \_\_\_\_\_

CELL/WORK PHONE \_\_\_\_\_

E-MAIL \_\_\_\_\_

**YOU MUST SUBMIT PROOF OF YOUR NAME CHANGE (SOCIAL SECURITY CARD, DRIVER'S LICENSE, PASSPORT, MARRIAGE CERTIFICATE, ETC., OR OFFICIAL COURT PAPERS). PLEASE ATTACH A COPY WITH THIS REQUEST. NAME CHANGES ARE PROCESSED TWICE A MONTH.**

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

STUDENT SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_ RegOL 10/08

ADMISSIONS OFFICE, UNION COUNTY COLLEGE, 1033 SPRINGFIELD AVENUE, CRANFORD, 07016