



ADDRESS 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)

NAME

LAST FIRST MI

PREVIOUS ADDRESS (NO PO BOX ACCEPTED)

NEW ADDRESS (NO PO BOX ACCEPTED)

HOME PHONE _____

CELL/WORK PHONE _____

E-MAIL _____

YOU MUST BE CURRENTLY LIVING AT THE ADDRESS ABOVE TO BE CONSIDERED A UNION COUNTY RESIDENT. IF YOU ARE COMING FROM ANOTHER COUNTY (OTHER THAN UNION COUNTY) PROOF OF RESIDENCY (DRIVER LICENSE OR CURRENT BILL) IS REQUIRED. IF LISTING AN ADDRESS IN UNION COUNTY, YOU MUST RESIDE IN NEW JERSEY FOR AT LEAST 12 MONTHS TO BE CONSIDERED A NEW JERSEY RESIDENT.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT.

STUDENT SIGNATURE _____ DATE _____ RegOL 10/08

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