



**OFFICE OF REGISTRATION & RECORDS**  
 Ocean County College  
 College Drive • P.O. Box 2001  
 Toms River, NJ 08754-2001  
 PHONE 732.255.0304

# STUDENT INFORMATION CHANGE FORM

Please use ink and print clearly.

**NAME** \_\_\_\_\_ **STUDENT ID or SSN** \_\_\_\_\_

**FOR CHANGE OF ADDRESS** (Copy of Driver's License required.)

**FORMER ADDRESS** Street \_\_\_\_\_

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

**NEW ADDRESS** – TYPE:  Home  Correction  Seasonal (effective dates: from \_\_\_\_\_ to \_\_\_\_\_ )

Street \_\_\_\_\_

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

Preferred Phone \_\_\_\_\_ TYPE:  Home  Mobile  Other \_\_\_\_\_

Add'l Phone \_\_\_\_\_ TYPE:  Home  Mobile  Other \_\_\_\_\_

Preferred Email \_\_\_\_\_

**FOR CHANGE OF NAME ONLY** (Copy of Driver's License or Court Order required.)

**NAME AS IT  
NOW APPEARS**

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

**CORRECT NAME**

First \_\_\_\_\_ M.I. \_\_\_\_\_ Last \_\_\_\_\_

TYPE:  Birth Name  Correction  Marriage/Divorce  Other \_\_\_\_\_

**FOR CHANGE OF SOCIAL SECURITY NUMER ONLY** (Copy of Social Security Card required.)

**INCORRECT** (as it now appears) \_\_\_\_\_ **CORRECT SSN#** \_\_\_\_\_

**SIGNATURE**

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

***This Student Information Change Form does NOT prove residency for in-county tuition.***

**Office Use Only**