

**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