



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 NUMBER 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