

GEORGIAN COURT UNIVERSITY

OFFICE OF THE REGISTRAR CHANGE OF INFORMATION FORM

Student ID#: _____

Current Name on File: _____

NAME CHANGE

The Registrar's Office requires **two forms of identification*** (choose one from each column):

Column A	Column B
<ul style="list-style-type: none">Valid Driver's License	<ul style="list-style-type: none">Marriage Certificate
<ul style="list-style-type: none">Passport	<ul style="list-style-type: none">Adoption Decree
<ul style="list-style-type: none">Permeant Resident Card	<ul style="list-style-type: none">Divorce Decree
	<ul style="list-style-type: none">Social Security Card
	<ul style="list-style-type: none">Court Order

*Identification must use the new name

Prefix: _____

New First Name: _____

New Middle Name: _____

New Last Name: _____

Suffix: _____

ADDRESS CHANGE

Home Address: _____

City/State/Zip: _____

County: _____

PHONE CHANGE

**please include area code*

Home: _____

Work: _____

Cell: _____

STATEMENT BY STUDENT: I affirm that the request for a change of name on the Georgian Court University Registrar's Student Records Database has no fraudulent or criminal purpose.

Signature: _____ **Date:** _____

Please check here if you are an F1 International Student

Two Forms of ID Updated by: _____ Date: _____ Revised 12/22
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