

# Student Name Change

Office of the Registrar

101 Vera King Farris Drive Campus Center Suite 203

Galloway, NJ 08205-4441

Phone: (609) 6524235 Fax: (609) 6265547 Email: [registrar@stockton.edu](mailto:registrar@stockton.edu)

Z Number (if known) \_\_\_\_\_ Last 4 Digits of your SSN: \_\_\_\_\_

NAMECHANGE legal documentation that reflects the change requested is required before the change will be made:

Please submit a copy of one of the following Court Order, Marriage License, Social Security Card, Divorce Decree, Driver's License or Passport

Correct Name: \_\_\_\_\_  
Last First Middle Initial/ Middle Name

Incorrect Name: \_\_\_\_\_  
Last First Middle Initial/ MiddleName

Please provide your current:

Phone Number: \_\_\_\_\_

Email Address \_\_\_\_\_

Permanent Address: \_\_\_\_\_  
\_\_\_\_\_

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

All information is maintained in accordance with FERPA (Family Educational Rights and Privacy Act) regulations.

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For Official Use Only: Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_