



Office of Enrollment Services

400 Paramus Road, Room A-129, Paramus, NJ 07652-1595

CHANGE OF STUDENT DATA

ID# _____

Last Name _____

First Name _____ Middle Initial ____

F-1 Visa Student Yes _____ No _____

Please record the following change of:

Social Security # From _____ To _____

Telephone # From _____ To _____

<u>Name</u>	From	_____	
		Last	First
	To	_____	
		Last	First

<u>Address</u>	From	_____	
		Street	

		City, State, Zip Code	

	To	_____	
		Street	

		City, State, Zip Code	

E-Mail From _____

To _____

Student Signature _____

Date _____