

CHANGE OF NAME

This form should be used to change your name on the University's records, not to correct or adjust the spelling or format of your name. Two forms of identification (one MUST include a State/Federally authorized picture ID, such as a USA Passport, Permanent Resident Card, or driver's license) are required. Please type or print legibly.

1. Current Name (as it appears in the records now):

First Name *Middle Name* *Last Name*

2. Requested New Name:

First Name *Middle Name* *Last Name*

3. Student ID: _____

4. Rutgers Email Address: _____

5. Current Mailing Address:

Include Number, Street and Apt. Number *City* *State* *Zip Code*

6. Phone Numbers:

Home Telephone Number (incl. area code) *Business Telephone Number (incl. area code)* *Mobile Telephone Number (incl. area code)*

8. Degree _____ **Department(s)** _____ **Campus** _____

9. I submit _____ **and** _____ (Driver's License, Passport or Permanent Resident Card, Notarized Marriage Certificate, Court Order, Social Security Card) **to verify my name change.**

STATEMENT BY STUDENT:

I affirm that the request for a change of name on the Rutgers School of Public Health's Student Records Database has no fraudulent or criminal purpose.

Student Signature

Date

**RETURN TO THE
OFFICE OF THE REGISTRAR**

Copies to:
Office of the Registrar
Campus Office
Student