

### Official Change of Name Request Form

First Name  Middle Name  Last Name

Student ID # A00  Program/Major  If Joint, Affiliate

Daytime Phone #  Home Phone #

E-mail Address

STATE OF NEW JERSEY or OTHER(STATE/COUNTRY)  COUNTY OF

Being of full age and being duly sworn according to law, upon my oath I certify herein that:

\* The name that appears on my birth certificate is:

\* The name that you were accepted in SHRP/SN was:

\* If you are now married/divorced, the name you go by is:

\* I have changed my name to:

Please select one:  Based upon attached court order  
 Based upon New Jersey common law

- \* I am not changing my name for any fraudulent purpose or to avoid criminal prosecution.
- \* I am making this Affidavit in order to aid the appropriate agencies in correcting or adjusting my records.
- \* I am submitting supporting documents for this legal/official name change.

Sworn to and subscribed before me this  Day of  20

Student Signature  Date

Notary Public Signature

Date Signed/Stamped by Notary Public

Seal of Notary Public

**Enrollment Services Use Only**

Enrollment Services Signature  Date