



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 _____

Name From _____
 Last First

To _____
 Last First

Address From _____
 Street

City, State, Zip Code

To _____
 Street

City, State, Zip Code

E-Mail From _____

To _____

Student Signature _____

Date _____