



Office of the Registrar

250 Moore Street, Hackensack, New Jersey 07601 • Ph. 201.488.9400 • Fax. 201.373.8208

Change of Contact Info

REQUESTED CHANGE:

Address Phone Number Email Address Other: _____

STUDENT INFORMATION:

Current Student Status: Active Graduated Withdrawn

Last Name: _____ First Name: _____

Program: _____ SSN (last 4 digits required): _____

PREVIOUS INFORMATION:

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

CURRENT INFORMATION:

Address: _____ City: _____ State: _____ Zip Code: _____

Phone Number: _____ Email Address: _____

Student's Signature: _____ *Date:* _____

Office Use Only:

Processed By: _____ Date: _____