Change of Name Form - Please Print

Office of the New Brunswick Registrar
65 Davidson Road, ASB Building
Rm 200B - Undergraduate (Fax: 732-445-4238)
Rm 200F - Graduate (Fax: 732-445-0700)
Piscataway, NJ 08854-8096

Please read the "Policy Statement on Student Name Changes on University Records" before completing this form. Use it only to change your name on the University's Official 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.

Current Name in Records Now (Last, first, middle initial): ________________________________________________

Requested New Name (Last, first, middle name/initial): ________________________________________________

Student I.D. (RUID #): __________________________________ Telephone #: ________________________________

Current Address: ______________________________________________________________________________
____________________________________________________________________________

Email Address: ______________________________ Date of Birth: ______________________________

If currently enrolled, please complete the following:

Current School / College Attending: _______________________________________________________________

Other Rutgers Schools of Attendance: ____________________________________________________________

If NOT currently enrolled, please complete the following:

Last School of Attendance: __________________________________ Date Attended: _______________________

Other Rutgers Schools of Attendance: __________________________________ Date(s): _______________________

Degree(s) Awarded and Year(s) Awarded: _______________________________________________________

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 University Registrar's Student Records Database has no fraudulent or criminal purpose.

Signature: __________________________ Date: __________________

For Registrar's Office Date Maintenance Completed: ______

For Active Students, Contact: Dean of Students at College/School, Financial Aid Office, Business/Cashier Office
For Degree Holders, Contact: Alumni/Alumae Offices

Edited: 3/9/11 and 5/2/12