

**Change of Name Form - Please Print**

Office of the New Brunswick Registrar  
ASB, Rooms 200B-Undergraduate or 200F-Graduate  
65 Davidson Road  
Piscataway, NJ 08854-8096  
FAX: 732-445-5948

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 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, Marriage License, Court Order, Social Security Card, etc.) 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