CHANGE OF INFORMATION APPLICATION

Florham/Madison Campus
285 Madison Avenue, M-MS0-04
Madison, NJ 07940
Phone: (973) 443-8600
Fax: (973) 443-8616

Metropolitan Campus
1000 River Road, T-KB1-05
Teaneck, NJ 07666
Phone: (201) 692-2472
Fax: (201) 692-2209

***NOT TO BE USED FOR CORRECTION OF SOCIAL SECURITY NUMBER***

Documentation needed: (must be clear/readable copies)
- Government Photo Identification (i.e. driver’s license, passport)

Please check (✓) appropriate box:
- Undergraduate
- Graduate

Please check (✓) appropriate box:
- Domestic
- International  NOTE: Must submit form to: The Office of Int’l Student Services - T-IS1-01
- FDU Employee  NOTE: Must submit form to: Human Resources - H-DH3-05

Name: ___________________________  Student ID #: ________________
Signature: _________________________  Date: __/__/____
Contact Phone: _____________________  E-Mail ________________________

CHANGE OF ADDRESS/PHONE/E-MAIL
(Please print your complete address clearly)

New Address:

Street Address
City  State  Zip
Home Phone  Cell Phone
E-Mail

Please check (/) appropriate box:
Is This Address:
- Permanent
- Local

CHANGE OF NAME
(Official document indicating legal name change MUST accompany this form: i.e.-copy of marriage/divorce certificate)

OLD NAME ____________________________________________ NEW NAME ____________________________________________

OFFICE USE ONLY:

SPRO: ___________________  SGRD: ___________________
(✓) FOR PROOF OF ID ___  Updated 7/30/10
Date  Initials  Yes/No  Date

NAME CHANGE – MUST PULL FOLDER – CROSS OFF LAST NAME & WRITE IN NEW LAST NAME  Date __/__/___  Initial