

Please PRINT CLEARLY to assure an accurate update of your records.

Name: _____
LAST
FIRST
M.I.

Student ID: _ _ _ _ _

Have you ever received Financial Aid at Brookdale? Yes No

CHANGE OF ADDRESS

New Address: _____
Street or P.O. Box

City

State

Zip

County

New Phone(s): _____
 Home Number (if applicable) Cell Number (if applicable)

If you are moving from OUT OF MONMOUTH COUNTY to IN MONMOUTH COUNTY, you must fill out a Certificate of Residency form and provide required documentation. In order to qualify for the in-county rate, you must have resided in Monmouth County for more than one (1) day within the Add/Drop period of the registered semester.

CHANGE OF NAME

Last Name from : _____ To: _____

First Name from: _____ To: _____

Middle Initial: _____

In order for the Records Office to process this change, *you must be currently registered* and submit **ONE** of the following proofs:

1. Court-ordered name change
2. Driver's License with new name
3. Divorce decree (it must specify name to be used)
4. Social Security card with new name
5. U.S. Passport with new name

CHANGE OF SOCIAL SECURITY NUMBER

In order for this change to be processed, you must present your original Social Security card.

INCORRECT #: _ _ _ - _ _ - _ _ _ CORRECT #: _ _ _ - _ _ - _ _ _

STUDENT SIGNATURE: _____ DATE: _____

PROCESSED BY: _____ DATE: _____