



CHANGE OF NAME FORM

Records and Registration Office
Camden County College
PO Box 200
Blackwood NJ 08012

Camden Campus
Camden County College
200 N Broadway
Camden NJ 08102

www.camdencc.edu

PLEASE PRINT

Social Security # _____ - _____ - _____

Student ID# (if known) _____

Previous Name: _____
(last) (first) (initial)

New Name: _____
(last) (first) (initial)

Acceptable proof for change of name must be one of the following:

PLEASE CHECK:

- marriage license
- divorce decree
- adoption papers
- driver's license
- court name change authorization

Signature: _____

Date: _____

Change recorded by: _____

Date: _____

(FOR OFFICE USE ONLY)

Form may be **submitted** to any College administrative office, but will be **processed** by the Records and Registration Office.
Changeofnameform 4/99