



### 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: \_\_\_\_\_

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(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