



OFFICE OF THE REGISTRAR

505 Ramapo Valley Road, Mahwah, NJ 07430-1680

Phone (201) 684-7695 Fax (201) 684-7956

E-mail registrar@ramapo.edu

www.ramapo.edu

Request for Change of Name on Student Records

- A.** If this form is being used to correct spelling of format, it must be accompanied by a copy of a positive form of ID. Acceptable documents are driver's license, birth certificate or a passport.
B. If this is being used to change to a different name (first or last), it must be accompanied by a copy of the legal document authorizing the change. Acceptable documents are: Marriage Certificate, Divorce Decree or Court issued Judgment for Name Change.
C. If this is being used to add a middle name or Suffix it must be accompanied by a copy of your birth certificate.

2. Student R # _____ or if prior to Fall 2006, ID# _____

3. Former Name:

Last Name First Name Middle

Requested Name:

Last Name First Name Middle

4. Status:

Currently Enrolled Former Student (non graduate) Graduate of Ramapo College

5: Ramapo E-Mail Account:

Currently enrolled students may request a change to their email username.

Please initial here if you are requesting a new username_____.

6. Statement by Student:

I affirm that the request for a change of name in the Office of the Registrar's records has no fraudulent or criminal purpose and that I am presently known by this name and no other.

I understand that if a replacement diploma is not ordered, the college is not responsible for any confusion that may arise in verifying a degree.

Signature Date

Please mail or fax this form and the required documents to:

Ramapo College of New Jersey, Office of the Registrar, 505 Ramapo Valley Road, Mahwah, NJ 07430
Fax (201) 684-7956

Use Only: Staff Initials: _____ Date: _____

Updated in SIS Updated Student file Contacted IT Emailed Helpdesk@ramapo.edu

Update 4/30/20 P:\Shared\Registrar\FORMS\Name Change Forms\Student Change of Name forms 4.30.20.docxOffice