RAMAPO COLLEGE OF NEW JERSEY

OFFICE OF THE REGISTRAR
o. (201) 684-7695 | f. (201) 684-7956
e: reg@ramapo.edu | ramapo.edu/registrar

STUDENT ADDRESS & TELEPHONE NUMBER CHANGE REQUEST

Student Information

Last Name: _____ **First Name:** _____

R# _____ **Ramapo Email:** _____@ramapo.edu

Check here if you are a College employee (including student assistants/work-study): ☐

New Address

Address Type (check one): ☐ Permanent ☐ Local ☐ Billing

Address: _____

Address 2/Apt (optional): _____

City: _____ **State/Province/Region:** _____

Zip/Postal Code: _____ **Country:** _____

New Telephone Number

Permanent: _____

Cell: _____

Billing: _____

Student's Signature: _____ **Date:** _____

Registrar Use Only

Initials: _____ Date: _____

Revised 12/24