



STUDENT ADDRESS/TELEPHONE CHANGE FORM

Student Name: _____

University ID: _____

Class Year: _____

New Address: _____

County: _____

Change applies to: Permanent Address Mailing Address

New Home Phone #: _____

Cell Phone #: _____

Effective Date: _____

Student Signature

Date

**PLEASE NOTE: THIS CHANGE IS FOR THE REGISTRAR'S OFFICE ONLY.
YOU MUST ALSO CONTACT FINANCIAL AID OFFICE TO CHANGE THE
ADDRESS THEY HAVE ON FILE.**

Return completed form to: Office of the Registrar
40 East Laurel Road, Suite 2105
PO Box 1011
Stratford, NJ 08084
Phone (856) 566-7055
Fax (856) 566-6475
somregistrar@rowan.edu