

THE RICHARD STOCKTON COLLEGE OF NEW JERSEY

STUDENT IDENTIFICATION AND PIN REQUEST

Office of the Registrar, 101 Vera King Farris Drive, Campus Center Suite 203, Galloway, NJ 08205-9441

Phone: (609) 652-4235 Fax: (609) 626-5547 Email: registrar@stockton.edu

PLEASE PRINT CLEARLY.

Name: _____ SSN: _____
Last First MI (last 4 digits only)

Former Name: _____
(If applicable) Last First MI

Former Address: _____
(while attending Stockton) Address

City State Zip

Year Last Attended Stockton: _____ Major: _____

NEW CONTACT INFORMATION:

Permanent Address

City State Zip

Telephone Cell Email

I hereby certify that the above information is true and correct and authorize The Richard Stockton College of New Jersey to update my contact information and release my student identification and pin to me through regular and/or electronic mail at the address above.

Signature Date

Complete this form and mail it to:

Office of the Registrar
Richard Stockton College of NJ
101 Vera King Farris Drive
Campus Center Suite 203
Galloway, NJ 08205

Or fax it to:

(609) 626-5547

<i>For Official Use Only:</i> Date Received: _____ Date Processed: _____ Initials: _____
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