



**Office of Enrollment Services**

400 Paramus Road, Room A-129, Paramus, NJ 07652-1595

**CHANGE OF STUDENT DATA**

**ID#** \_\_\_\_\_

Last Name \_\_\_\_\_

First Name \_\_\_\_\_ Middle Initial \_\_\_\_

F-1 Visa Student Yes \_\_\_\_\_ No \_\_\_\_\_

**Please record the following change of:**

**Social Security #** From \_\_\_\_\_ To \_\_\_\_\_

**Telephone #** From \_\_\_\_\_ To \_\_\_\_\_

<b><u>Name</u></b>	From	_____	
		Last	First
	To	_____	
		Last	First

<b><u>Address</u></b>	From	_____	
		Street	
		_____	
		City, State, Zip Code	

	To	_____	
		Street	
		_____	
		City, State, Zip Code	

**E-Mail** From \_\_\_\_\_

To \_\_\_\_\_

Student Signature \_\_\_\_\_

Date \_\_\_\_\_

Email this completed form to [ssforms@bergen.edu](mailto:ssforms@bergen.edu) from your Bergen Community College email account to ensure authentication.