



FINANCIAL AID CHANGE OF ADDRESS FORM

Student's Name (Please Print)

University ID Number (UIN)

UMDNJ School Name

Graduating Class

Address To Be Changed

Number and Street

Apartment #

City, State, and Zip Code

Home Telephone Number

Cellular Telephone Number

NEW ADDRESS

Number and Street

Apartment #

City, State, and Zip Code

Home Telephone Number

Cellular Telephone Number

Effective Date of Change

Student's Signature

PLEASE NOTE: THIS CHANGE IS FOR THE FINANCIAL AID OFFICE MAILINGS ONLY

Contact the Registrar's Office to change your permanent, local, or mailing address.