



## FINANCIAL AID CHANGE OF ADDRESS FORM

\_\_\_\_\_  
Student's Name (Please Print)

\_\_\_\_\_  
University ID Number (UIN)

\_\_\_\_\_  
UMDNJ School Name

\_\_\_\_\_  
Graduating Class

### NEW ADDRESS

\_\_\_\_\_  
Number and Street

\_\_\_\_\_  
Apartment #

\_\_\_\_\_  
City, State, and Zip Code

\_\_\_\_\_  
Home Telephone Number

\_\_\_\_\_  
Cellular Telephone Number

### PRIOR 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.*