Harold B. and Dorothy A. Snyder Schools of Nursing and Medical Imaging				
	Demog	raphic		
	Change	Form		
	PHOTO ID IS REQUIRED	FOR ALL CHANGES D THE ADMINISTRATIVE SUITE		
	ING BACK THE FORM TO			
NAME:		STUD	ENT ID #:	
	EMAIL ADDRES	SS CHANGE		
NEW EMAIL ADDRESS:				
	NAME CH	ANGE		
INCORRECT/CURRENT NAME ON RECORD:		CORRECT/NEW NAME:		
LAST		LAST		
LASI		LAST		
FIRST	MI	FIRST		MI
	PHONE NUMBI	ER CHANGE		
NEW PHONE NUMBER:			CELL	HOME
	DATE OF BIRTH (	CORRECTION		
CORRECTED DATE OF BIRTH:			(MM/DD/YYYY)	
	ADDRESS C	HANGE		
FORMER ADDRESS:		CURRENT ADDRESS:		
ALL APPLICANTS MUST CHECK ONE BOX:				
MY ADDRESS HAS BEEN IN UNION COU	NTY SINCE	(DATE).		
MY ADDRESS IS NOT IN UNION COUNTY	AND I HAVE LIVED IN T	HE UNITED STATES FOR THE LAS	T 12 MONTHS	
I HAVE NOT LIVED IN THE UNITED STAT	ES FOR THE LAST 12 MO	NTHS.		
I CERTIFY THAT THE ABOVE INFORMATION IS	CORRECT.			
STUDENT SIGNATURE			DATE	
P. 5/20/22				
Rev 5/30/22				

Hackensack Meridian JFK University Medical Center

Muhlenberg

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# **DEMOGRAPHIC CHANGE FORM**



PHOTO ID IS REQUIRED FOR ALL CHANGES

L ADDRESS CHANGE
JAME CHANGE
NAIVIE CHANGE
CORRECT/NEW NAME:
 LAST
E NUMBER CHANGE
CELL HOME
F BIRTH CORRECTION
(MM/DD/YYYY)
DDRESS CHANGE
CURRENT ADDRESS:
(DATE). VE LIVED IN THE UNITED STATES FOR THE LAST 12 MONTHS.
LAST 12 MONTHS.

# **DOCUMENTS ACCEPTED**

## ONLY ORIGINAL DOCUMENTS WILL BE ACCEPTED

#### NAME CORRECTIONS:

- VALID DRIVER'S LICENSE
- STATE ISSUED ID
- SOCIAL SECURITY CARD
- PASSPORT
- BIRTH CERTIFICATE

#### NAME CHANGES:

- MARRIAGE CERTIFICATE
- OFFICIAL COURT DOCUMENT
- DIVORCE DECREE

## ADDRESS CHANGES FROM OUT OF COUNTY TO IN-COUNTY:

- MAILED UTILITY BILL
- MAILED BANK STATEMENT
- PAY STUB
- VALID DRIVER'S LICENSE
- LEASE (LEGAL DOCUMENT MUST BE APPROVED BY REGISTRAR)

TO QUALIFY FOR IN-COUNTY RATES YOU MUST PROVIDE THAT YOU HAVE RESIDED IN UNION COUNTY FOR AT LEAST ONE YEAR.

WHEN ADDING A P.O. BOX, PROOF OF RESIDENCY IS REQUIRED.