

STOCKTON UNIVERSITY
STUDENT IDENTIFICATION AND PIN REQUEST
(FOR FORMER STUDENTS)

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. Formers students should complete, sign, and submit this form to the Registrar's Office to access their account online, make payments, view their unofficial transcript or make an official transcript request. Forms are processed often throughout the business day. Instructions to setup and access your online account will be sent to the email address you provide below. You may need to check your SPAM or Junk Mail folders if you do not receive an email from us within (2) business days.

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 personal 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
Stockton University
101 Vera King Farris Drive , CC 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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