



**ROBERT WOOD JOHNSON
MEDICAL SCHOOL**

University of Medicine & Dentistry of New Jersey

PISCATAWAY / NEW BRUNSWICK:

Office of the Registrar
675 Hoes Lane, Room TC-111
Piscataway, NJ 08854-5635
V: (732)235-4565 F:(732)235-5078

CAMDEN:

Office of the Registrar
401 Haddon Avenue, Suite 154
Camden, NJ 08103-1506
V:(856)757-7859 F:(856)968-6205

BIOGRAPHIC-DEMOGRAPHIC CONFIRMATION FORM

Name: _____
Last First Middle

***Mailing Address:** _____

County: _____ **Cell-phone:** _____

***Permanent Address:** _____

County: _____ **Telephone:** _____

*** Note:** This is NOT a Request for Change of Address. This is ONLY to confirm the addresses and phone numbers we currently have on file for you. If you wish to change your address, please pick up an Address Change Request or Residency Change for Tuition Purposes form at the Registrar's Office.

Date of Birth: _____ Gender: Male _____ Female _____

Marital Status: Single _____ Married _____ Divorced _____ Separated _____

Ethnicity (check one): _____ Hispanic or Latino _____ Do Not Wish to Respond
_____ Neither Hispanic nor Latino

Race (select one of more):
_____ Black or African American (A) _____ White (C)
_____ Asian (D) _____ Native Hawaiian or Other Pacific Islander (D1)
_____ American Indian or Alaska Native (E) _____ Do Not Wish to Respond (N)

Citizenship or Permanent Resident (check one): Citizen: _____ Permanent Resident: _____

Veteran: Yes ___ No ___ Are you presently in any branch of armed service? Yes ___ No ___
If **Yes**, which branch: _____

Emergency Contact:

Name: _____ Telephone: _____

Address: _____

Relationship: _____

Note: Much of the data requested is required by the state and federal government and is used for statistical surveys throughout the University. We assure you that this information is kept in the strictest confidence and is used only to update your data file as well as to provide combined (never individual) statistics to required agencies.

Signature: _____ **Date:** _____