



*A Unit of the Technical College  
System of Georgia*

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## Student Name Or Address Change Form

Processing time is one business day

SSN/Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Name: \_\_\_\_\_  
Last First Middle

**Name Change\*** Please provide legal documentation supporting the name change (adoption, divorce, marriage, etc.)

**CHANGE NAME TO:**

❖ \_\_\_\_\_

### Address Change

**Current Address:**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

**Current Telephone Numbers:**

Home: \_\_\_\_\_

Cell: \_\_\_\_\_

**Previous Address:**

Street: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

County: \_\_\_\_\_

Work: \_\_\_\_\_