



Change of Personal Information Form

Complete this form and return it to Enrollment and Registration Services. Print neatly. Illegible forms will not be processed.

This request is for a change of

- Social Security Number
- Name
- Date of Birth
- Address

CURRENT STUDENT INFORMATION

- *Print Social Security Number and Name as they appear now.*

Social Security Number _____ - _____ - _____

Name _____
Last First Middle

CHANGE OF SOCIAL SECURITY NUMBER

- *Attach legible copy of Social Security Card.*

Correct Social Security Number _____ - _____ - _____

CHANGE OF NAME

- *Attach proof of name change (Marriage Certificate, court documents, etc.).*

New/Correct Name _____
Last First Middle

CHANGE OF DATE OF BIRTH

- *Attach proof of date of birth (Valid driver's license, Georgia ID card, or birth certificate).*

Date of Birth ____/____/____

CHANGE OF ADDRESS

Address _____

City _____ State _____ Zip _____

Home Phone (____) _____ Work Phone (____) _____

Emergency Contact Name/Phone _____ (____) _____

Email _____

STUDENT AUTHORIZATION

Signature _____ Date _____

Office Use Only	
Processed by _____	Date Processed ____/____/____