



Office of the Registrar
1400 Coleman Avenue • Macon, Georgia 31207-0001
Phone (478)301-2494 • Fax (478)301-2455

STUDENT NAME AND/OR ADDRESS CHANGE FORM

STUDENT'S ID#: _____

DATE: _____

NAME: _____
(Last) (First) (Middle)

A: NAME CHANGE

Requires legal document (e.g. driver's license, marriage license, divorce decree, etc.)

Former Full Name: _____

Full Legal Name as it should now appear in student records:

_____ (Last)
_____ (First) _____ (Middle/Maiden)

Marital Status: _____

B: ADDRESS CHANGE

Please complete with current correct address each applicable section below.

PERMANENT ADDRESS (not campus box - all grades and bills are mailed to this address)

Address: _____

_____ City _____ State _____ Zip

Phone: () _____

LOCAL ADDRESS

Address: _____ Apt/Dorm: _____

_____ City _____ State _____ Zip

Phone: () _____ Campus Box# _____

BILLING ADDRESS (only if different from permanent address)

Address: _____

_____ City _____ State _____ Zip

Phone: () _____

SIGNATURE _____

Office Use Only

Date Received: _____

Processed By: _____