



Change of Address/Phone Number/Name Request

Print Name: _____
(As it currently appears on your SGSC record)

Student ID: _____ Date of Birth: _____

Please make the following changes to my South Georgia State College records:

Address Phone Number Name

New Address:

Street _____

City _____ State _____ Zip _____

New Phone Number:

Home:(_____) _____ Cell: (_____) _____

New Name*:

Last _____

First _____

Middle _____

Student Signature _____ Date _____

***Proof of name change must be submitted. Examples of acceptable documentation include marriage certificate, driver’s license, or new Social Security card. Names will be changed at the end of each semester.**