GEORGIA COLLEGE
GEORGIA'S PUBLIC LIBERAL ARTS UNIVERSITY

Address Update and Name Change Form

Student Name: _____ GCID: 911-_____

Complete only the sections of this form that need to be updated.
Sign the form and submit it to the Registrar's Office at Registrar@GCSU.edu or 478-445-8535 (fax).

Please update my **mailing (local) address**.

Street: _____

City, State, Zip _____

Phone Number: (_____) _____

Please update my **permanent (home) address**.

Street: _____

City, State, Zip _____

Phone Number: (_____) _____

Please update my **parent/guardian address(es).**

Parent Name _____

Street: _____

City, State, Zip _____

Phone Number: (_____) _____

Email _____

Parent Name _____

Street: _____

City, State, Zip _____

Phone Number: (_____) _____

Email _____

I have applied for graduation. Please change the **address where my diploma will be mailed.**

Street: _____

City, State, Zip _____

Please change my name.

From: _____

To: _____

All name change requests must include legal documentation, such as a marriage license, divorce decree, or court order with a photo ID. If you are a graduation candidate and want this new name listed on your diploma when it is issued, initial here: _____

If you are requesting a new email address as part of your name change, please initial here: _____

Please list this as my preferred first name on my records:

Name: _____

Student Signature: _____ **Date:** _____