



# 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, Parks Hall 107, CBX 069, or 478-445-1914 (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. If you are a graduation candidate and want to have this new name listed on your diploma when it is issued, please 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: \_\_\_\_\_