

# Georgia College & State University Address Update and Name Change Form

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 or CBX 069.**

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

Street: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

Street: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

Is this address the same as your parent/guardian address?                      Yes                      No

Please update my **parent/guardian address.**

Parent Name \_\_\_\_\_

Street: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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

Street: \_\_\_\_\_

City, State, Zip \_\_\_\_\_

**Please update my campus alert cell phone number.**

Phone Number: (\_\_\_\_\_) \_\_\_\_\_

**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:* \_\_\_\_\_

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_