Chattahoochee TECHNICAL COLLEGE

Address/Name Change Request Form

Current Name on Record: _____
First **M.I.** **Last**

Student ID# or Social Security #: _____

Complete This Section for Address Changes:

_____
New Street Address

_____
City State Zip Code County

_____
Home Phone Business Phone Cell Phone

_____
E-mail Address

Complete This Section for Name Changes:

Please submit a copy of one of the following with a name change request: Driver's License, Social Security Card, Marriage License, Birth Certificate, Immigration Records, Divorce Decree, Court Order, or Passport.
DO NOT submit originals!

New Name: _____
First M.I. Last

_____ _____
Student Signature Date

Official Use Only

Received by: _____ Date: _____ Processed by: _____ Date: _____

Revised 08/18/09 Return this form to the Registrar/Student Affairs Office on any campus.