



# Request for Change of Address/Name

USE THIS FORM to correct personal information for North Georgia Technical College records.

Complete, print, and sign this form, then either:

- Scan and include as email attachment to [registrar@northgatech.edu](mailto:registrar@northgatech.edu), or
- Fax to 706.754.7777, or
- Mail to NGTC Registrar's Office, PO Box 65 Clarkesville, GA 30523, or
- Return in person to the front desk of any NGTC campus

## STUDENT INFORMATION AS SHOWN NOW:

NAME: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

## CORRECT STUDENT INFORMATION:

NAME: \_\_\_\_\_

PHONE: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP: \_\_\_\_\_ COUNTY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE \_\_\_\_\_  
(REQUIRED)