



East Georgia College
Office of the Registrar
131 College Circle
Swainsboro, GA 30401
Phone: (478)289-2014 Fax: (478)289-2140

Change of Address and/or Name

Student ID#: _____ Currently Enrolled: _____ Yes _____ No

Student Name: _____

_____ Address Update

New Address: _____
Mailing Address (Street or PO Box)

City: _____ State: _____ Zip: _____ Tel: (____) _____ - _____

Cell: (____) _____ - _____

_____ **Name Change** ****Please note**** We will need a copy of your **updated** Social Security Card **and** one of the following documents to process your request: Marriage license/Certificate, Divorce Decree, Court Order, Adoption Papers.

Current Name: _____ DOB: ____/____/____
(Last) (First)

New Name (if applicable): _____
(Last) (First)