

West Georgia 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		Cell Phone	
<input type="checkbox"/> Yes		<input type="checkbox"/> No	
Do you give permission for WGTC to contact at the telephone numbers provided via any means, including text messaging or voice?			

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.

New Name: _____
First M.I. Last

Please Allow 2-3 Business Days for Processing

Student Signature

Date

As set forth in its student catalog, West Georgia Technical College does not discriminate on the basis of race, color, creed, national or ethnic origin, gender, religion, disability, age, political affiliation or belief, genetic information, disabled veteran, veteran of the Vietnam Era, or citizenship status (except in those special circumstances permitted or mandated by law).