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

☐ Yes ☐ 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).

Revised 06/11/14 Return this form to the Student Affairs Office on any campus.