



Request for Change of Name, Address, or Phone Number

Complete, Print and Sign this form with supporting documentation, as needed.

Submit by:

- Email: Admissions@albanytech.edu
- Fax: 229-430-0652 (Albany) 229-732-5459 (Cuthbert)
- Mail: Albany Technical College, Admissions Dept., 1704 S. Slappey Blvd., Albany, GA 31701
- Hand: Deliver to the Dept. of Admissions at Main Campus or Student Affairs at ATC-Randolph Co. Learning Center

Current Name on Record:

First Middle Last

Student ID# (Preferred) or Social Security #: _____

Complete this section for Address Changes:

New Street Address			
City	State	Zip	County
Phone #			

Complete This Section for Name Changes:

All name changes must be accompanied by a Social Security Card and State Driver's License or State issued photo ID in the correct name.			
New Name: _____			
First	Middle	Last	
Previous Name: _____			
First	Middle	Last	

Signature

Date

Office Use Only

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