



# CHANGE OF ADDRESS FORM

Office of the Registrar, 350 Spelman Lane, SW, Atlanta, GA 30314  
Phone/ 404.270.5230 - Fax/ 404.270.5234

*INSTRUCTIONS: If you have moved, or have any address changes, kindly complete this form and return it to the Registrar's Office.*

PLEASE PRINT CLEARLY:

NAME:	Social Security No:
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NEW LOCAL ADDRESS		OFF CAMPUS	ON CAMPUS
ADDRESS:			
CITY:			
STATE:	ZIP:	PHONE: (     )	

NEW PERMANENT ADDRESS			
ADDRESS:			
CITY:			
STATE:	ZIP:	PHONE: (     )	

NEW PARENT'S HOME ADDRESS			
NAME:			
ADDRESS:			
CITY:			
STATE:	ZIP:	PHONE: (     )	

NEW 2 <sup>ND</sup> PARENT'S HOME ADDRESS (If different from the first parent)			
NAME:			
ADDRESS:			
CITY:			
STATE:	ZIP:	PHONE: (     )	

<b>TODAY'S DATE:</b>	<b>OFFICE USE ONLY</b>
	Date Processed:
	Initials: