



Office of the Registrar
350 Spelman Lane, S.W., Atlanta, GA 30314
Office Hours: M-F 9:00 a.m. to 5:00 p.m.
Telephone: 404.270.5230

Change of Name and/or Social Security Number

NAME CHANGE:

- Complete form and attach copy of current government issued photo ID (i.e. driver's license, passport).
AND
- Certified copy of legal name change document (i.e. marriage certificate, court order, divorce decree, etc.).

SOCIAL SECURITY NUMBER CHANGE:

- Complete form and submit a copy of your Social Security Card **and** a copy of your current driver's license.

IMPORTANT:

- Submit completed form in person to the Office of the Registrar, Packard Hall Room 201.

PLEASE COMPLETE AND PRINT

Student ID # _____ Date of Birth _____

Name _____
Last First Middle

Address _____

Day Phone _____ Email _____

NAME CHANGE:

Current name on academic record:

_____ Last First Middle

I request my name be changed to:

_____ Last First Middle

CHANGE OF SOCIAL SECURITY NUMBER:

Old SSN _____ New SSN _____

I hereby authorize the Office of the Registrar to change my name and/or social security number on all records. I understand that the changed name will appear on all future academic records, including transcripts and diplomas.

STUDENT SIGNATURE (REQUIRED)

DATE

For Office Use Only: Processed By _____ Date Posted _____