Address Change Form
University of Georgia
Office of the Registrar

UGA ID	Name (Last, First, MI)
Date	Student's Signature

If you wish to prohibit the release of "Directory Information", please review information on our Restriction of Directory Information page or come to the Office of the Registrar, Holmes/Hunter Academic Bldg.

New Address(es)/Phone Number(s)

Check: ☐ Local ☐ Permanent ☐ Billing

_____
New Street Address Apt #

_____
City State Zip Code

Phone: *Please check box for preferred number*

☐ Home Phone _____ ☐ Cell Phone _____
Please include area code Please include area code

Check: ☐ Local ☐ Permanent ☐ Billing

_____
New Street Address Apt #

_____
City State Zip Code

Phone: *Please check box for preferred number*

☐ Home Phone _____ ☐ Cell Phone _____
Please include area code Please include area code

Emergency Contact

Please check: ☐ Mother ☐ Father ☐ Guardian ☐ Spouse ☐ Sibling ☐ Other

_____
Name

_____
New Street Address Apt #

_____
City State Zip Code

Phone: *Please check box for preferred number*

☐ Home Phone _____ ☐ Cell Phone _____
Please include area code Please include area code

Office Use:
System Changed by: _____ Date_____