

ADDRESS CHANGE FORM

STUDENT IDENTIFICATION NUMBER	NAME (LAST, FIRST, MIDDLE)	DATE (MM/DD/YYYY)	STUDENT'S SIGNATURE

NEW ADDRESS-STREET, APT. NO.	CITY	STATE	ZIP CODE	PHONE NO.

CHECK THE BOXES WHICH APPLY TO THE NEW ADDRESS

<p>STUDENT'S ATHENS OR COMMUTING ADDRESS</p> <p>STUDENT'S PERMANENT ADDRESS (WHEN SCHOOL IS NOT IN SESSION)</p> <p>EMERGENCY CONTACT ADDRESS-NAME OF CONTACT: _____ RELATIONSHIP: _____</p> <p>DO NOT RELEASE DIRECTORY INFORMATION AS DEFINED IN THE UNIVERSITY OF GEORGIA BULLETIN</p>
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REGISTRAR'S USE ONLY	ST DATA BASE UPDATED _____	INITIALS _____	DATE _____
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Please mail this form to:

Office of the Registrar
 105 Holmes/Hunter Academic Building
 University of Georgia
 Athens, Georgia 30602-6113