



Office of the University Registrar
223 James P. Brawley Drive S.W. Atlanta, GA 30314
Office Hours: M-F 9:00 A.M. to 5:00 P.M.
Telephone: 404-880-8938

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, Trevor Arnett Hall Room 102.

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 University 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 _____