



**OFFICE OF THE REGISTRAR
CHANGE OF INFORMATION FORM**

Student ID#: _____

Current Name on File: _____

NAME CHANGE

The Registrar's Office requires **two forms of identification*** (choose one from each column):

Column A	Column B
• Valid Driver's License	• Marriage Certificate
• Passport	• Adoption Decree
• Permeant Resident Card	• Divorce Decree
	• Social Security Card
	• Court Order

*Identification must use the new name

Prefix: _____
 New First Name: _____
 New Middle Name: _____
 New Last Name: _____
 Suffix: _____

ADDRESS CHANGE

Home Address: _____
 City/State/Zip: _____
 County: _____

PHONE CHANGE

**please include area code*

Home: _____
 Work: _____
 Cell: _____

STATEMENT BY STUDENT: I affirm that the request for a change of name on the Georgian Court University Registrar's Student Records Database has no fraudulent or criminal purpose.

Signature: _____ **Date:** _____

Please check here if you are an F1 International Student

Two Forms of ID <input type="checkbox"/>
Updated by: _____
Date: _____
Revised 5/2017