



SWAINSBORO • 346 Kite Road • Swainsboro, Georgia 30401 • Phone (478) 289-2200 • Fax: (478) 289-2263  
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*Southeastern Technical College is an Equal Opportunity Institution*

## **NAME AND ADDRESS CHANGE FORM**

SS#: \_\_\_\_\_ Currently Enrolled: Yes \_\_\_ No \_\_\_

Current Name: \_\_\_\_\_

Please print your New Name as it appears on Social Security Card - Verification Required

New Name: \_\_\_\_\_

You **MUST** provide a copy of your Social Security Card **AND** one of the following legal documents verifying your name change:

- Marriage License/Certificate
- Divorce Decree
- Court Order
- Adoption Papers

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New Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_