

**UNIVERSITY OF WEST GEORGIA  
ADDRESS CHANGE APPLICATION**

The following addresses can be changed by this application. Enter the entire address, including phone number, if requested, for those to be changed. Return this application to the Office of the Registrar, University of West Georgia, Carrollton, GA 30118.

ID or Social Security Number \_\_\_\_\_ Date \_\_\_\_\_

Legal Name \_\_\_\_\_  
Last First Middle

\*\*\*Permanent Address\*\*\*  
(Required of all students; cannot be Campus P. O. Box)

\_\_\_\_\_  
\_\_\_\_\_

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

Permanent Phone Number(\_\_\_\_\_) \_\_\_\_\_  
Area Code

\*\*\*\*Mailing Address\*\*\*\*  
(Required of all students not residing on campus or at the  
permanent address while attending school)

\_\_\_\_\_  
\_\_\_\_\_

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

Mailing Address Phone Number(\_\_\_\_\_) \_\_\_\_\_  
Area Code

\*\*\*\*Emergency Contact Address\*\*\*\*  
(Used when the emergency contact has a different address from the permanent address)

Name \_\_\_\_\_ Relationship \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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

Emergency Address Phone Number(\_\_\_\_\_) \_\_\_\_\_  
Area Code