



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: Office of the Registrar, University of West Georgia, Carrollton, GA 30118.

Legal Name _____
Last First Middle

ID or Social Security Number _____ Date _____

Permanent Address

(Required of all students – No campus P.O. Box)

Address _____ City _____

State _____ Zip _____ Permanent Phone (____) _____ - _____

Mailing Address

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

Address _____ City _____

State _____ Zip _____ Permanent Phone (____) _____ - _____

Emergency Contact Address

Name _____ Address _____

City _____ State _____ Zip _____ Emergency Phone (____) _____ - _____

Diploma Address:

Please email graduation@westga.edu to request diploma address changes.

I certify that all information is true and complete.

Student's Signature

Date