



Address Change Form

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 Momentum Center, University of West Georgia: 1601 Maple Street Carrollton, GA 30118, momentumcenter@westga.edu.

Name _____
Last First Middle

UWG ID(917#) or Full Date of Birth _____ 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 _____ Phone(____) _____ - _____

Emergency Contact Address

Name _____ Address _____

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

Please check here if you would like your previous emergency contact information **removed** from your record

Please check here if you would like your previous emergency contact information to **stay** on your record

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