



## 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, [studentsolutions@westga.edu](mailto:studentsolutions@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](mailto:graduation@westga.edu) to request diploma address changes.

I certify that all information is true and complete.

\_\_\_\_\_  
Student's Signature

\_\_\_\_\_  
Date