



Request for Change of Address/Name/Phone

USE THIS FORM to correct personal information for North Georgia Technical College records.

Complete, print, and sign this form.

Submit by:

- Email: registrar@northgatech.edu
- Fax: 706.754.7777
- Mail: NGTC Registrar's Office, PO Box 65 Clarkesville, GA 30523
- Hand: Deliver to the receptionist on any NGTC campus

Student Information As Shown NOW:

Name: _____

Student ID or Social Security #: _____ Phone: (____) _____

Mailing Address: _____

City, State, Zip: _____ County: _____

CORRECT Student Information:

Name: * _____

Phone: (____) _____

Mailing Address: _____

City, State, Zip: _____ County: _____

Signature: _____ Date: _____

(Required)

***For name changes, attach a copy of a state driver's license or state issued photo ID in the correct name.**