NORTH GEORGIA COLLEGE & STATE UNIVERSITY

Address Change Request

Address Type to Update: ☐ Permanent ☐ Temporary (to expire in 3 months)

Full Name:_____
Last First Middle

ngcsuID#: _____

New Address: _____ Effective date: _____

_____

_____

New Telephone: _____

Does Parent or Guardian Address need to be changed? ☐ Yes ☐ No

Parent's New Address: _____

_____

_____

Student Signature: _____ Date: _____

Office of the Registrar
Price Memorial Hall, Room 221
Dahlonega, GA 30597
706-864-1760