



Address Change Request

Print this form, fill it out completely and mail or fax to:

Office of Enrollment Management (229) 391-5004 (Phone)
ABAC 4, 2802 Moore Highway (229) 391-5002 (Fax)
Tifton, GA 31793-2601

Important Note: Official ABAC correspondence will be sent to your **Mailing** address. Both your Permanent and Mailing address will be updated unless you indicate otherwise below.

Please Print

Name: _____ Banner ID #: _____

Address change is for (check one):

Both Addresses Permanent Address Mailing Address

Old Address: _____

City, State, Zip, County: _____

New Address: _____

City, State, Zip, County: _____

Cell Phone: _____ Home Phone: _____

Student's Signature: _____

For office use only:

Date Rec'd _____ Date Processed _____ Processed by _____