Address Change Request

Print this form, fill it out completely and mail or fax to:
Office of the Registrar (229) 391-5007 (Phone)
ABAC 7, 2802 Moore Highway (229) 391-4911 (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 ________

(Updated 02/01/13)