

**Address Change Form  
The University of Georgia  
Office of the Registrar**

UGA ID	Name (Last, First, MI)
Date	Student's Signature

If you wish to prohibit the release of "Directory Information", please review information on our [Restriction of Directory Information page](#) or come to the Office of the Registrar, Holmes/Hunter Academic Bldg.

**New Address(es)/Phone Number(s)**

Check:  Local  Permanent

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New Street Address Apt #

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City State Zip Code

Phone: *Please check box for preferred number*  
 Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  
Please include area code Please include area code

Check:  Local  Permanent

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New Street Address Apt #

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City State Zip Code

Phone: *Please check box for preferred number*  
 Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  
Please include area code Please include area code

**Emergency Contact**

Please check:  Mother  Father  Guardian  Spouse  Sibling  Other

Name \_\_\_\_\_

New Street Address Apt #

City State Zip Code

Phone: *Please check box for preferred number*

Home Phone \_\_\_\_\_  Cell Phone \_\_\_\_\_  
Please include area code Please include area code

**Office Use:**

System Changed by: \_\_\_\_\_ Date \_\_\_\_\_