



Information Change Request

I do hereby authorize Oconee Fall Line Technical College to change my directory information in my student file to the new information listed on this form:

Name: _____

SSN: _____

Mailing Address: _____

Physical Address: _____

Home #: _____

Cell #: _____

Business #: _____

Preferred Email _____

Emergency Contact Name and Phone# _____

*******In order to change your name on our permanent student records, you must submit a copy of your social security card with the new name.*******

Signature: _____

Date: _____

Mail or fax to the Registrar's Office

North Campus
1189 Deepstep Road ■ Sandersville, GA 31082
Phone: (478) 240-5161
Fax: 1-800-473-3021

South Campus
560 Pinehill Road ■ Dublin, GA 31021
Phone: (478) 296-6112
Fax: 1-800-473-3021