

# Oconee Fall Line Technical College

## 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: \_\_\_\_\_

Primary Email Address: \_\_\_\_\_

Home #: \_\_\_\_\_

Cell #: \_\_\_\_\_

Business #: \_\_\_\_\_

Emergency Contact Name: \_\_\_\_\_

Emergency Contact #: \_\_\_\_\_

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:** \_\_\_\_\_

Once you have completed the form, please mail or fax to one of the following locations:

**North Campus**

1189 Deepstep Road • Sandersville, GA 31082

**South Campus**

560 Pinehill Road • Dublin, GA 31021

**Registrar Office Fax #:** 1-800-473-3021