

# Address Change Request

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

Office of the Registrar (229) 391-5007 (Phone)  
ABAC 7, 2802 Moore Highway [registrar@abac.edu](mailto:registrar@abac.edu) (Email)  
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.

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: \_\_\_\_\_

<b>For office use only:</b> Date Rec'd _____ Date Processed _____ Processed by _____
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