

Name Change Request

The Board of Regents now requires a copy of one of the following documents to accompany your name change request--marriage license, divorce decree, birth certificate or social security card. The document you submit must bear your new name. To keep our records consistent, you must list your first name even if you are called by your middle name.

Banner ID Number _____

Former Name _____
(Please Print Your First Name, Middle Name, Last Name)

New Name _____
(Please Print Your First Name, Middle Name, Last Name)

Documentation provided (check one):

____ Social Security Card ____ Birth Certificate ____ Marriage License ____ Divorce Decree

Student's Signature: _____

Do you have a new permanent address?

New Address: _____

City, State, Zip: _____

Phone: _____

This completed request and required documentation may be emailed or post mailed:

Office of the Registrar
ABAC 7, 2802 Moore Highway
Tifton, GA 31793-2601
(229) 391-5007 (Direct)
registrar@abac.edu (Email)

For office use only:

Date Rec'd _____ Date Processed _____ Processed by _____

Date email notice sent to instructors _____