

SAVANNAH TECHNICAL COLEGE

CHANGE OF INFORMATION

OLD INFORMATION

S.S.N. _____

Name _____

Address: _____

Phone: _____

Date of request: _____

Student making request:

Signature

NEW INFORMATION

S.S.N. _____
(Show the new social security card)

Name: _____
(Provide the court order or marriage certificate)

Address: _____
(Provide mail that shows the new address)

Phone: _____

School Official verification:

Signature