



GEORGIA SOUTHWESTERN
STATE UNIVERSITY

Registrar's Office

800 Georgia Southwestern State University Drive
Americus, GA 31709-4379
Phone: 229-928-1331 / Fax: 229-931-2021

CHANGE OF STUDENT NAME FORM

gswID#: _____

Current Name: _____

In order to change a name or social security number, one of the following documents must be provided:

Marriage License

Original Social Security Card

Driver's License

Divorce Decree

Official Court Document

Previous Name: _____

Previous Social Security Number: _____

*It is the responsibility of the student to notify their advisor and instructors of any changes made to their records. It is also the responsibility of the student to maintain a correct name and address with **Georgia Southwestern State University** at all times.*

Student's Signature: _____ Date: _____

Office Use Only: Computer: _____ Record: _____