



LAWRENCEVILLE ALPHARETTA-NORTH FULTON

STUDENT INFORMATION CHANGE FORM

MUST BE RETURNED USING YOUR GTC STUDENT EMAIL or IN PERSON

DATA AS IT CURRENTLY EXISTS IN STUDENT RECORD (BANNER):

Student ID Number: _____ Social Security Number: _____

Last Name: _____ First Name: _____ Middle: _____

COMPLETE ONLY THE INFORMATION TO BE CHANGED

CHANGE OF NAME: must submit a valid driver's license/state id and one legal verification form of name change (Acceptable documents - marriage license, divorce decree, legal name change by court order, birth certificate, Social Security card or US passport).

New Name:

Last: _____ First: _____ Middle: _____

CHANGE OF SOCIAL SECURITY NUMBER: must submit valid driver's license/state id and Social Security Card

Updated Social Security Number: _____

CHANGE OF DATE OF BIRTH: must submit valid driver's license/state id and birth certificate or U.S passport

Updated Date of Birth: _____

CHANGE OF ADDRESS/PHONE/EMAIL:

Street: _____ Apt #: _____

City: _____ State: _____ Zip Code: _____ County: _____

Email: _____

Home #: _____ Cell #: _____ Work #: _____

Initial

I have verified that the changes I wish to make above match the name, SS# and birthdate listed on my FAFSA, if applicable.

Student Signature: _____ **Date:** _____

Updated Information will be corrected in 72 business hours. Please check your BANNER count after that time.

For staff use only:

Processed By: _____ Date: _____