

## Request for Change of Address/ Name/Phone

Print clearly or type.

## Use this form to correct personal information for North Georgia Technical College records.

Read, complete, print, and sign this form. Submit to the registrar's office by:

Email: <u>registrar@northgatech.edu</u>

• Fax: 706-754-7777

Mail: NGTC Registrar's Office, PO Box 65 Clarkesville, GA 30523

Hand: Deliver to the receptionist on any NGTC campus

	Student Info	rmation As Shown	- CURRENT	
Name:				
Last		First	Middle or Maiden	
NGTC Student ID #:		Phone: _		
Mailing Address:				
City:	State:	Zip Code:	County:	
NGTC Student Email:				
	Corre	ct Student Informa	ation	
Name*:				
Phone:				
Mailing Address:				
City, State, Zip:			County:	
Signature: (Required)			Date:	

## Graduation

If you have submitted a graduation application and would like the credential sent to your new address, please indicate that change below.

☐ I have applied to graduate and need my diploma mailed to the new address.

## \*For name changes, attach a copy of a state driver's license or state issued photo ID in the correct name.

As set forth in its student catalog, North Georgia Technical College complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, creed or religion, national or ethnic origin, sex (including pregnancy, sexual orientation, and gender identity), disability, age, political affiliation or belief, genetic information, veteran or military status, marital status, or citizenship status (except in those special circumstances permitted or mandated by law). The following persons have been designated to manage inquiries regarding the non-discrimination policies: Dr. Vinson Burdette, VP of Student Affairs, Title IX Coordinator, Clegg Center 21l, (706) 754–771l, vinson.burdette@northgatech.edu and Kay Carroll, Special Populations and Retention Coordinator (Section 504), Clegg Center 214, (706) 754–7828, kay.carroll@northgatech.edu at 1500 HWY 197 N, Clarkesville, GA 30523.

This institution is an equal opportunity provider and employer. If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at http://www.ascr.usda.gov/complaint\_filing\_cust.html, or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at program.intake@usda.gov.