



COVENANT COLLEGE

Office of Records

14049 Scenic Highway Lookout Mtn, GA 30750

Phone: (706) 419-1134 Fax: (706) 419-1179

Change of Address/Name Form

Instructions:

1. Fill out the form and submit it to the Office of Records by mail, fax, or in person. If you are changing your name, please provide legal documentation of the name change (marriage license, social security card, or driver's license).
2. Requests are processed and current students can check for the accuracy of changes on Banner.

Current Legal Name: _____
Prefix First Middle Last Suffix

Previous Legal Name: _____
Prefix First Middle Last Suffix

Current Student: Yes / No **Attendance Years:** _____

Marital Status: _____ Did spouse attend Covenant College? _____

If Married: Name of Spouse _____
Prefix First Middle Last Suffix

Permanent Address: _____

Home Phone _____ **Work Phone** _____

E-Mail Address: _____

Temporary Address (if applicable): Until: _____ (Date)

Parents' Permanent Address (Current students only)
