



GEORGETOWN C O L L E G E

CHANGE OF ADDRESS REQUEST

Date: _____ Student ID Number or Social Security Number: _____

Name: _____

New Address:

Street Address

Street Address

City

State

ZIP

County

Phone Number: _____

For whom is this address change effective? (check all that apply)

_____ Self/Student

_____ Parent/Guardian (Name: _____)

_____ Spouse (Name: _____)

Signature: _____

A campus address (campus box or dorm) may not be used as a permanent address.

Note: This request will update your address in all campus systems. If this change affects your residential status on campus, please notify Student Life.

Submit the completed form to the Office of the Registrar.

In Person: Highbaugh Hall, Room 105

By Email: registrar@georgetowncollege.edu

By Mail: Office of the Registrar
400 E College Street
Georgetown, KY 40324