

NAME OR SOCIAL SECURITY NUMBER CHANGE

Mail this form and supporting documentation to:
Georgia Institute of Technology
Office of Graduate Admissions
631 Cherry Street, Room 318
Atlanta GA 30332-0321

NAME CHANGE:

Name as it currently appears on Georgia Tech records:
(PLEASE PRINT)

Last (family name) First Middle

GTID NUMBER: _____

Correct Name:
(PLEASE PRINT)

Last (family name) First Middle

SOCIAL SECURITY NUMBER CHANGE:

Name: _____

GTID: _____

Correct SSN: _____

Signature: _____ Date: _____

**** ATTENTION ****

NAMES will be changed only if one of the following original or notarized documents is submitted:

Social Security Card	Marriage License
Birth Certificate	Court Ordered Name Change Document
Divorce Decree	

SOCIAL SECURITY NUMBER will be changed only if an original or notarized Social Security Card is submitted.