



**COVENANT
COLLEGE**

Office of Records

14049 Scenic Highway Lookout Mountain, GA 30750
Phone: (706) 419-1190 Fax: (706) 419-1179

Change of Address/Name Form

Instructions: Fill out the form and submit it to the Office of Records by email, mail, fax, or in person. If you are changing your name, include legal documentation of the name change (marriage license, updated social security card, or updated driver's license).

Current Legal Name: _____
Prefix First Middle Last Suffix

Previous Legal Name: _____
Prefix First Middle Last Suffix

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

Marital Status: _____ If married, complete the next two items below.

Name of Spouse _____
Prefix First Middle Last Suffix

Did spouse attend Covenant College? _____

Permanent Address: _____

Phone Number _____ **Phone Type** (mobile, home, work) _____

E-Mail Address: _____

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

Parents' Permanent Address (Current students only, if applicable)
