

Middle Georgia College Change of Student Information Form  
(please print)

NAME \_\_\_\_\_

MGCID# mgcidLookup \_\_\_\_\_

NEW ADDRESS \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ CITY STATE ZIP

COUNTY \_\_\_\_\_

PHONE (\_\_\_\_) \_\_\_\_\_

DATE \_\_\_\_\_

SIGNATURE \_\_\_\_\_

THIS FORM MAY BE EITHER FAXED TO:  
**478-934-3049**

OR MAILED TO:  
**MIDDLE GEORGIA COLLEGE  
OFFICE OF THE REGISTRAR  
1100 SECOND STREET, SE,  
COCHRAN, GEORGIA 31014**