



Information Change Request

I do hereby authorize Oconee Fall Line Technical College to change my directory information in my student file to the new information listed on this form. Please select from the following:

- Name Change
- Social Security Number Change
- Address/Phone Number Change
- Emergency Contact Change

Name: _____

SSN: _____

Mailing Address: _____

Physical Address: _____

Primary Email Address: _____

Home #: (_____) _____ - _____

Cell #: (_____) _____ - _____

Business #: (_____) _____ - _____

Emergency Contact: _____

Emergency Contact #: (_____) _____ - _____

In order to change your name on your permanent record, you must submit a copy of your **social security card**.

Signature: _____

Date: _____

Once you have completed the form, please email or fax to the Registrar's Office.

Email Address: Registrar@oftc.edu
Registrar Office Fax #: 1-800-473-3021