



**SEASON TICKET HOLDER
CHANGE OF ADDRESS REQUEST FORM**



For our records and your protection, please complete this form and return it to the address noted below. Please also include a photocopy of one of the following forms of identification: **driver's license (need not show new address), state issued photo identification, or passport.** Identification must be that of the season ticket account holder of record. If the season ticket account is in the name of a business, your request must be on company letterhead reflecting the new address, and signed by an officer of the business.

Account No. _____
Name _____
Business Name (if necessary) _____

The name currently on the account may not be changed.

OLD ADDRESS:

Street _____
City _____ **State** _____ **Zip** _____

NEW ADDRESS:

Street _____
Apt, Suite, or Unit # _____
City _____ **State** _____ **Zip** _____
Daytime Phone (_____) _____ - _____ **Ext.** _____
Evening Phone (_____) _____ - _____ **Ext.** _____
Email Address _____

Signature _____
Date _____

RETURN FORM TO:
 GTAA Ticket Office
 150 Bobby Dodd Way NW
 Atlanta, GA 30332

Address changes may also be submitted by emailing tickets@athletics.gatech.edu from the e-mail address on your Season Ticket Account with any contact information updates and include your account number.

For Office Use Only		
Received by: _____	Date: _____	Batch #: _____