

REQUEST TO CHANGE STUDENT RECORD INFORMATION

Questions regarding data collected may be directed to the Registrar. (HB 1922)

(PLEASE PRINT)

Student ID OR Social Security Number	Last Name	First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Today's Date	Other Names Used While Enrolled at UNTHSC		

<u>Program</u>		<u>Student Record Information to Be Changed</u>		
<input type="checkbox"/> GSBS	<input type="checkbox"/> TCOM-DO Class of _____	_____ Home Address	_____ Telephone	
<input type="checkbox"/> SPH	<input type="checkbox"/> SHP-PA Class of _____	_____ Mailing Address	_____ Name	
<input type="checkbox"/> SCP Class of _____	<input type="checkbox"/> SHP-PT Class of _____	_____ Email Address		

<p>New Address/Email:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p>	<p>New Telephone:</p> <p>Primary: _____</p> <p>Mobile: _____</p> <p>Other: _____</p>
<p>Name Change: <i>To make an official name change, a student must provide identification and legal documentation of the change. An example might include a marriage license or divorce decree. Registrar's Office personnel must make a copy of the original documentation before completing the change.</i></p> <p>Previous Name: _____</p> <p>New Name: _____</p>	

I certify that I am the person whose name appears on the name line of this form, and do hereby authorize the change of my student record information.

 Signature

For Office Use Only

EIS Updated _____