

### Update Contact Information

#### Change of Name, Address, Email, or Phone Number

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

Student ID OR Social Security Number		Date of Birth	<p align="center"><b>Program</b></p> <input type="checkbox"/> Texas College of Osteopathic Medicine <input type="checkbox"/> Graduate School of Biomedical Sciences <input type="checkbox"/> School of Public Health <input type="checkbox"/> School of Health Professions(DPT, MSLS, PA) <input type="checkbox"/> System College of Pharmacy
Last Name	First Name	Middle Name	
Email Address		Daytime Telephone Number	
Other Names Used While Enrolled at HSC		Graduating Year	

<u>Update Contact Information</u>		
<input type="checkbox"/> Change my mailing address to:	<input type="checkbox"/> Update my phone number to:	<input type="checkbox"/> Update my personal email address to:
<input type="checkbox"/> Change my permanent address to:	Primary: _____	_____
_____	Mobile: _____	_____
_____	Other: _____	_____

<u>Change of Name</u>			
<p>To make an official name change, the <b>student must provide identification and legal documentation of the change</b>. 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.</p> <p><b>For students utilizing Financial Aid ONLY: Be sure to change your name with the Social Security Administration first, then change your FSA ID, and finally update your FAFSA. If you need assistance with this process contact StudentFin@unthsc.edu.</b></p>			
Previous Name: _____			
New Name:	Middle Name	Last Name	Suffix
<input type="checkbox"/> Attached is a copy of my identification. (Example: driver's license, passport, etc.)			
AND			
<input type="checkbox"/> Attached is a copy of the legal documentation of the name change. (Example: marriage license, divorce decree, court order, etc.)			

**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 \_\_\_\_\_  
Date

Please allow 24-48 hours for processing.

For Office Use Only