

## 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	<b><u>Program</u></b> <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	Preferred Pronouns:	Graduating Year	

## Update Contact Information

<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: _____	_____

## Change of Name

To make an official name change, the **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. **Before submitting your name change to our office, please change your name with the Social Security Administration.**

Previous Name: \_\_\_\_\_

New Name:

First Name	Middle Name	Last Name	Suffix
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- |  |   |
|--|---|
| <input type="checkbox"/> Attached is a copy of my identification.<br>(Example: driver's license, passport, etc.)   | <input type="checkbox"/> I would like to change my <b>Legal</b> Name  |
| <b>AND</b>   | <input type="checkbox"/> I would like to change my <b>Chosen</b> Name |
| <input type="checkbox"/> Attached is a copy of the legal documentation of the name change.<br>(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