

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	<u>Program</u> <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 (PA & DPT) <input type="checkbox"/> System College of Pharmacy
Last Name	First Name	Middle Name	
Email Address		Daytime Telephone Number	
Other Names Used While Enrolled at UNTHSC		Graduating Year	

Update Contact Information

Change my mailing address to: _____
 Change my permanent address to: _____

Update my phone number to:
 Primary: _____
 Mobile: _____
 Other: _____

Update my personal email address to: _____

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.*

Previous Name: _____

New Name:

First Name	Middle Name	Last Name	Suffix
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Attached is a copy of my identification.
 (Example: driver's license, passport, etc.)

AND

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