

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		Program	
Last Name		First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Other Names Used While Enrolled at UNTHSC		Graduating Year	

Texas College of Osteopathic Medicine
 Graduate School of Biomedical Sciences
 School of Public Health
 School of Health Professions (PA & DPT)
 System College of Pharmacy

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: _____

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

EIS Updated _____