

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

| | | | |
|--|-------------|-----------|--------|
| Change of Name | | | |
| <i>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.</i> | | | |
| Previous Name: _____ | | | |
| New Name: | | | |
| First Name | Middle Name | Last Name | Suffix |
| _____ | _____ | _____ | _____ |
| <input type="checkbox"/> Attached is a copy of my identification. <i>(Example: driver's license, passport, etc.)</i> | | | |
| AND | | | |
| <input type="checkbox"/> Attached is a copy of the legal documentation of the name change. <i>(Example: marriage license, divorce decree, court order, etc.)</i> | | | |

**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 _____