



REQUEST TO CHANGE OR CORRECT RECORDS

(Only the person to whom these records belong may request changes)

State law and university policy, with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form, and to correct any information you believe is incorrect.

While this form is provided online for convenience, the student must present this completed form along with any necessary documentation to the Registrar's Office to complete the request. Please contact the Registrar's Office at registrar@untdallas.edu or at 972-780-3664 for more information.

ID#: _____

Name: _____
Last First M.I.

Currently Enrolled: Yes ___ No ___ If No, date of last enrollment: _____

Mailing Address TO: _____
Street City, State Zip Phone#

Permanent Address TO: _____
Street City, State Zip Phone#

Birth Date TO: _____

Gender FROM: _____ TO: _____

Name: FROM: _____
Last First M.I.
TO: _____
Last First M.I.

REASON: _____

Social Security Number: FROM: _____ TO: _____

Emergency Notification:
Name Relationship
Street City, State Zip Phone#

Student Signature: _____

FOR OFFICE USE ONLY:
Corrected on: _____ Initials: _____