

# REQUEST FOR CHANGE OF STUDENT PERSONAL DATA

Note: Only complete the area(s) that you will be updating.

Student ID or SS#: \_\_\_\_\_ Name: \_\_\_\_\_  
(as currently listed on TAMUK records)

## Name Change

Required Documentation original copy of birth certificate, marriage certificate, divorce decree, passport or court order required for change.

Previous Name: (as listed on TAMUK records) \_\_\_\_\_  
First Middle Last (Maiden)

New Name: \_\_\_\_\_  
First Middle Last

Are you a student graduating for the current semester? Yes \_\_\_ No \_\_\_

## Social Security Number Change

Required Documentation Original copy of social security card required for change.

Incorrect/Current Number: \_\_\_\_\_ Correct/New Number: \_\_\_\_\_

## Date of Birth Change

Required Documentation Original copy of birth certificate or passport required for change.

Incorrect/Current Date of Birth: \_\_\_\_\_ Correct/New Date of Birth: \_\_\_\_\_

## Address Change

Street \_\_\_\_\_ Line \_\_\_\_\_ 1:

Street \_\_\_\_\_ Line \_\_\_\_\_ 2:

City, State, Zip Code: \_\_\_\_\_

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## Telephone Number Change

Phone: \_\_\_\_\_ Indicate all that apply: Permanent \_\_\_ Cellular \_\_\_ Work \_\_\_ Other \_\_\_

## E-Mail Address Change (Note: while we will maintain personal email addresses, a university email address is preferred)

Email Address: \_\_\_\_\_

Did you select Name Change, Social Security Number Change, or Date of Birth Change?

If YES, please HPDLO DWDFKPHQWV WR UHJLVWUDU#WDPXN HG

<RX FDQ VXEPLW WKH FRPSOHWHG IRUP WR WKH %OXH DQ

RU \RX FDQ HPDLO XV DW UHJLVWUDU#WDPXN HGX

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Student's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Office of Registrar's Use Only	Date: _____	Processed by: _____
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