

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"/> College of Biomedical and Translational Sciences <input type="checkbox"/> College of Public Health <input type="checkbox"/> College of Health Professions(DPT, MSLS, PA) <input type="checkbox"/> System College of Pharmacy College of Nursing
Last Name	First Name	Middle Name	
Email Address			
Other Names Used While Enrolled at HSC			
Graduating Year		Are you a UNT System Employee? *If you are a UNT System Employee you must contact HRrecords@untsystem.edu Yes No	

Update Contact Information

<input type="checkbox"/> Change my mailing address to: <input type="checkbox"/> Change my permanent address to: _____ _____ _____	<input type="checkbox"/> Update my phone number to: Primary: _____ Mobile: _____ Other: _____	<input type="checkbox"/> Update my personal email address to: _____ _____
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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. **Before submitting your name change to our office, please change your name with the Social Security Administration.**

Previous Name: _____

New Name:

First Name	Middle Name	Last Name	Suffix
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|--|---|
| <input type="checkbox"/> Attached is a copy of my identification.
(Example: driver's license, passport, etc.)
AND | <input type="checkbox"/> I would like to change my Legal Name
<input type="checkbox"/> I would like to change my Chosen Name |
| <input type="checkbox"/> 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.