

# REQUEST TO CHANGE STUDENT RECORD INFORMATION

University of North Texas Health Science Center  
 Office of the Registrar, EAD 247  
 3500 Camp Bowie Blvd.  
 Fort Worth, TX 76107-2699

(817) 735-2201 / Fax (817) 735-0448

Questions regarding data collected may be directed to the Registrar. (HB 1922)

**(PLEASE PRINT)**

Student ID OR Social Security Number	Last Name	First Name	Middle Name
Date of Birth	Daytime Telephone Number		
Today's Date	Other Names Used While Enrolled at UNTHSC		

<u>Program</u>	<u>Student Record Information to Be Changed</u>
<input type="checkbox"/> GSBS <input type="checkbox"/> TCOM-DO    Class of _____	_____ Home Address      _____ Telephone
<input type="checkbox"/> SPH <input type="checkbox"/> SHP-PA    Class of _____	_____ Mailing Address      _____ Name
<input type="checkbox"/> SHP-PT    Class of _____	_____ Email Address

<b>New Address/Email:</b> _____ _____ _____ _____ _____	<b>New Telephone:</b>  Primary: _____ Mobile: _____ Other: _____
<b>Name Change:</b> <i>To make an official name change, a 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: _____	

**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

**For Office Use Only**

EIS Updated \_\_\_\_\_