University of North Texas Health Science Center
Office of the Registrar, EAD 244
3500 Camp Bowie Blvd.
Fort Worth, TX 76107-2699
(817) 735-2201 / Fax (817) 735-0448
registrar@unthsc.edu

Update Contact Information

Change of Name • Update Address, Email or Phone Number

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

Student ID OR Social Security Number			**Program**
Last Name	First Name	Middle Name	☐ **Texas College of Osteopathic Medicine** ☐ **Graduate School of Biomedical Sciences** ☐ **School of Public Health**
Date of Birth	Daytime Telephone Number		☐ **School of Health Professions (PA & DPT)** ☐ **System College of Pharmacy**
Other Names Used While Enrolled at UNTHSC			Graduating Year

Update Contact Information

☐ Change my mailing address to:

☐ Change my permanent address to:

_____

_____

_____

_____

☐ Update my phone number to:

Primary: _____

Mobile: _____

Other: _____

☐ Update my personal email address to:

_____

_____

Change of Name

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.

Previous Name: _____

New Name: _____

☐ Attached is a copy of my identification.
(*Example: driver's license, passport, etc.*)

☐ 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.

For Office Use Only

EIS Updated_____