

THE UNIVERSITY OF TEXAS SOUTHWESTERN MEDICAL CENTER

**Name and Social Security Change
Request Form**

Student ID Number: _____ Program of Study: _____

Name Change (Please Print)

I request that my name be changed from :

First

Middle

Last

(Maiden)

To:

First

Middle

Last

(Maiden)

I certify that the document provided as support for my request is a true copy of the original legal document. Attached is a copy of the Marriage Certificate or other legal document.

Signature

Date

Student Identification Number Change

Student Name: _____
(Please Print)

I request that my Student ID number be changed to:

New ID Number: _____

I certify that the document provided as support for my request is a true copy of the original legal document. Attached is one of the following documents:

_____ Copy of Social Security Card

_____ Affidavit

Signature

Date

Registrar's Office use only:

_____ Adm File

_____ Transcript

_____ DP/File

_____ Name Change