

# UT SOUTHWESTERN

## I.D. REQUEST

Date:

Student ID:

Full Name:

Preferred Name:

### School

- Health Professions
- Graduate
- Medical
- Other \_\_\_\_\_

### Reason for I.D. Card Request

- New/First Time I.D. Card
- Replacing Lost I.D. Card (\$10 – Non-Refundable)
- Replacing Broken I.D. Card (\$10 – Non-Refundable)
- Change of Information

Please deliver this completed form to:

Office of the Registrar  
UT Southwestern Medical Center at Dallas  
5323 Harry Hines Blvd.  
Suite M2.200  
Dallas, TX 75390-9096

### Office Use Only:

Holds Checked

Card Made By \_\_\_\_\_

Database Change By \_\_\_\_\_ Date \_\_\_\_\_

With few exceptions, you are entitled on your request to be informed about the information U.T. Southwestern collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review the information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. Southwestern correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. Southwestern collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government Code) and rules. Different types of information are kept for different periods of time.