



REQUEST FOR CHANGE OF STUDENT PERSONAL DATA

Office of the University Registrar

Note: only complete the area(s) that you will be changing/updating.

SSN or Banner ID: _____ Name: _____
(as currently listed on TAMIU records)

NAME CHANGE (birth certificate, marriage certificate or court order required for change)

Previous Name: _____

New Name: _____

SOCIAL SECURITY NUMBER CHANGE (correct social security card required for change)

Incorrect/Current Number: _____

Correct/New Number: _____

ADDRESS CHANGE

Street Line 1: _____

Street Line 2: _____

City, State, Zip Code: _____

Indicate all that apply: Permanent Mailing/Local Billing Next-of-Kin Other _____

Street Line 1: _____

Street Line 2: _____

City, State, Zip Code: _____

Indicate all that apply: Permanent Mailing/Local Billing Next-of-Kin Other _____

TELEPHONE NUMBER CHANGE

Phone: (____) _____

Type: Permanent Cellular Emergency Business Other _____

Phone: (____) _____

Type: Permanent Cellular Emergency Business Other _____

EMAIL ADDRESS CHANGE (Note: while we will maintain personal email addresses, a university email address is required)

Email Address: _____

ANTICIPATED GRADUATION DATE CHANGE

Anticipated Graduation Date: _____

Student's Signature: X _____ Date _____

For Office Use Only

Received by: _____ Date: _____ Processed by: _____ Date: _____