

OFFICE OF THE REGISTRAR MSC 105, 1050 W SANTAGERTRUDIS AVE KINGSVILLE, TEXAS78363-8202 PH (361) 593-2811 * FAX (361)593-2195

www.tamuk.edu

REQUEST FOR CHANGE OF STUDENT PERSONAL DATA

Note: Only complete the area(s) that you will be updating.

Student ID or SS#:		Name:				
		Name: (as currently listed on TAMUK records)				
Name Change						
Required Documentation: orig	inal copy of birth c	ertificate, marri	age certificate, o	divorce decr	ee, passport or cour	
order required for change.						
Previous Name: (as listed on TAMUK	(records)					
`	First	Λ	Iiddle	Last	(Maiden)	
New Name:						
Fin	·st	Middle	Last		_	
Are you a student graduating fo	r the current semes	ter? YesNo)			
Social Security Number C	<u>hange</u>					
Required Documentation: Original	•	security card re	quired for chan	ge.		
Incompat/Current Number		Compat/Na	v Numban			
Incorrect/Current Number:		Concentre	w Number.			
Date of Birth Change						
Required Documentation: Original	ginal copy of birth	certificate or pas	sport required f	for change.		
In a mast/Cymnost Data of Diuth		Compat/Nav	y Doto of Dinth			
Incorrect/Current Date of Birth_		Correct/Nev				
Address Change						
G						
Street Line 1: Street Line 2:						
City, State, Zip Code:						
Indicate all that apply: Permaner	nt Mailing/Local B	illing				
Telephone Number Chang	<u>e</u>					
Phone:	Indicate	all that apply:	Permanent (Cellular W	orkOther	
		11 0				
E-Mail Address Change (Note	e: while we will maintain	personal email addre	sses, a university em	ail address isreq	uired)	
Email Address:						
						

Did you select Name Change, Social Security Number Ch	ange, or Date of Birth Change?
If YES, please email attachments to registrar@tamuk.edu	u
Student's Signature:	Date:
Office of Registrar's Use Only Date:	Processed by:

Date Revised: 06/07/2021