



OFFICE OF THE REGISTRAR
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REQUEST FOR CHANGE OF STUDENT PERSONAL DATA

Note: Only complete the area(s) that you will be updating. (Blue or Black ink only)

Student ID or SS#: _____ Name: _____
(as currently listed on TAMUK records)

Name Change (original or notarized certified copy of birth certificate, marriage certificate, divorce decree, passport or court order required for change)

Previous Name: (as listed on TAMUK records) _____
First Middle Last (Maiden)

New Name: _____
First Middle Last

Are you a student graduating for the current semester? Yes No

Social Security Number Change (original or notarized certified copy of social security card required for change)

Incorrect/Current Number: _____ Correct/New Number: _____

Date of Birth Change (original or notarized certified copy of birth certificate or passport required for change)

Incorrect/Current Date of Birth _____ Correct/New Date of Birth _____

Address Change

Street Line 1: _____

Street Line 2: _____

City, State, Zip Code: _____

Indicate all that apply: Permanent Mailing/Local Billing

Telephone Number Change

Phone: () _____ Indicate all that apply: Permanent Cellular Work Other

E-Mail Address Change (Note: while we will maintain personal email addresses, a university email address is required)

Email Address: _____

Student's Signature: _____ Date: _____

For Office Use Only Date: _____ Processed by: _____