

## SOM CHANGE OF INFORMATION INCLUDING NAME CHANGE

Only complete the section(s) requiring updates and provide the requested supporting documentation as necessary  
Submit to the SOM Registrar Services Office in person at EMBL 1.118A or via Email to: [SOMRegistrarServices@utrgv.edu](mailto:SOMRegistrarServices@utrgv.edu)

### Student Information

Name: \_\_\_\_\_ SID#: \_\_\_\_\_ Date: \_\_\_\_\_  
Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Email Address \_\_\_\_\_

### Change of Address

#### New Current Address:

Street: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### New Permanent Address (if different from above):

Street: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

#### Change my Emergency Contact:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Street: \_\_\_\_\_ Apt. \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### Name Change

Current Name in UTRGV System: \_\_\_\_\_

#### New Legal Name (Must Complete in Full) Please Print Clearly:

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Last Name: \_\_\_\_\_ Suffix: \_\_\_\_\_

Maiden Name (if applicable): \_\_\_\_\_

#### Supporting Documents (name change will not be processed without supporting documentation):

Marriage License       Divorce Decree       Court Document       Passport

Student Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_ Date: \_\_\_\_\_

**DO NOT WRITE BELOW THIS LINE**

### Processing

Change Processed

#### Registrar's Office Designee:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date