

SOM Registrar Services

Email: SOMRegistrarServices@utrgv.edu

Phone: 956-296-1626 or 1494



UTHealth
Rio Grande Valley

School of Medicine

SOM CHANGE OF NAME REQUEST FORM

Submit the completed form and supporting documentation to the SOM Registrar Services Office
via email to: SOMRegistrarServices@utrgv.edu or in person at EMEBL 1.117 or HCEBL 1.124.21B

Student Information

Name: _____ SID#: _____ MS YR: _____

Phone: (_____) _____ - _____ UTRGV Email Address: _____

Name Change

Current Name in UTRGV System:

First Name: _____ Middle Name: _____ Last Name: _____ Suffix: _____

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 Other: _____

Authentication of submitted documents may be requested at the discretion of SOMRS.

Print Name: _____ Student Signature: _____ Date: _____

DO NOT WRITE BELOW THIS LINE

Processing

Change Processed in SIS

Change Processed in SRS

Registrar's Office Designee:

Print Name

Signature

Date

SOM Change of Name Request
SOM Registrar Services
Rev. 10/2023