

# Change of Information

Please complete only the section(s) requiring updates

Student Name: \_\_\_\_\_ ID #: \_\_\_\_\_  
*(Please print current name on file)*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

## ADDRESS CHANGE

Change my mailing/billing address to:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

(If different than above) change my permanent address to:

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

## CHANGE MY EMERGENCY CONTACT TO:

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

Street: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

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

## CHANGE MY NAME TO:

\_\_\_\_\_ Last Name First Name Middle Name

For the reason checked below:

- Divorce *(copy of divorce decree or other legal documents required)*
- Incorrect Spelling *(copy of a legal document with correct spelling required)*
- Legal name change *(copy of court document OR copy of US Passport required)*
- Marriage *(copy of marriage license required)*

## CHANGE MY PERSONAL EMAIL/PHONE TO:

Email: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_  Cell  Home

## CHANGE MY BIOGRAPHICAL INFORMATION TO:

Gender:  Male  Female Date of Birth: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
*mm dd yyyy*

Ethnic Background:  American Indian/Alaskan Native  Asian  Black/African-American  Native Hawaiian/Other Pacific Islander  White

Are you Hispanic or Latino?  Yes  No

## CHANGE MY SOCIAL SECURITY NUMBER TO:

\_\_\_\_\_ SSN *(Copy of Social Security Card required)*

*Federal law requires that you provide your SSN if you are applying for financial aid. Students SSNs are maintained and used by the University for financial aid, internal verification, and administrative purposes, and for reports to Federal and State agencies as required by law. The privacy and confidentiality of student records is protected by law and the University will not disclose your SSN without your consent for any other purposes except as allowed by law.*

To submit this form in person, visit U Central and bring a valid picture ID.  
To submit this form electronically, email it to [registrar@utrgv.edu](mailto:registrar@utrgv.edu) using your UTRGV email account.