

**CHANGE OF INFORMATION**  
**PLEASE COMPLETE ONLY THE SECTION(S) REQUIRING CHANGES**

The University of Texas Health Science Center-San Antonio  
Office of the Registrar Room 317L Med  
7703 Floyd Curl Drive, San Antonio , TX 78229  
(210) 567-2621 Fax (210) 567-2685

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_ International Student: Yes  No

**NAME CHANGE**

Change name to: \_\_\_\_\_  
Last First Middle

For the reason checked below:

- Marriage (copy of marriage license required)
- Divorce (copy of divorce decree or other legal documents required)
- Incorrect Spelling (copy of a legal document with correct spelling)
- Legal Name Change (copy of court document required, or copy of U.S. Passport)

**SOCIAL SECURITY NUMBER**

Change my social security number from:          
to:

**(copy of social security card required)**

Disclosure of your Social Security Number is requested for the student records system of The University of Texas Health Science Center-San Antonio and for compliance with Federal and State reporting requirements. Federal law requires that you provide your SSN if you are applying for financial aid. Although an SSN is not required for admission to the University, failure to provide your SSN may result in delays in processing or in the University's inability to match your application with transcripts, test scores, and other materials. Student 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 students' 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.

**BIOGRAPHICAL DATA**

Gender:  Male  Female      Date of Birth:        
month      day      year

**Are you Hispanic or Latino?** ( a person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish Culture or origin, regardless of race)  Yes  No

**Ethnic Background:**

- American Indian/Alaskan Native
- Asian/Pacific Islander
- Black Non-Hispanic
- Other
- Hispanic
- Non-Resident Alien
- White Non-Hispanic

**CHANGE OF ADDRESS**

**Change my home address to:**

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

**Change my emergency contact to:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Street: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_

**CHANGE OF GRADUATION TERM**

Expected Graduation Term: \_\_\_\_\_

**RESTRICT INFORMATION**

**Please check the box of information that you do not want to be released.**

- Address
- Telephone Number
- Email address
- Date of Birth
- Place of Birth

Student signature: \_\_\_\_\_

Date: \_\_\_\_\_