

Enrollment Services
Request for Change of Name/Social Security Number - SHP

Students: Please provide information requested. Please check box stating that the information you are submitting is true to the best of your knowledge. In addition to the check box, type your name in the box provided. This will be your electronic signature. This form can be submitted by scanning the signed form and attaching with your supporting documentation below and emailed to shp.academicaffairs@utmb.edu or delivered to the Office of Academic Affairs School of Health Professions building in Room 4.224.

To Be Completed By Student

Student Name: _____
Last First Middle

Student ID#: _____ Department: _____

I am requesting:

that my name be changed to: _____

that my Social Security number be changed to: _____ - _____ - _____

Student Signature

This form must be printed and signed with an original signature. Please submit form along with a copy of the legal document (e.g., marriage certificate) or if you are changing your social security number, please submit a copy of your new card.

Associate Dean for Academic & Student Affairs

Date

Enrollment Services

Approved By: _____

Date Entered: _____



Stamp Date Received Here