



### ADDRESS/TELEPHONE CHANGE FORM

**(Please Print)**

Name \_\_\_\_\_ R# \_\_\_\_\_  
First Middle Last

Address \_\_\_\_\_

Local  Permanent

Primary Telephone Number \_\_\_\_\_

Cell  Local  Permanent

TTUHSC El Paso correspondence will be sent to the current mailing address on file with the Registrar's Office.

\_\_\_\_\_ Mailing Address State Zip Code

Alternate Telephone Numbers

Cell \_\_\_\_\_

Area Code \_\_\_\_\_

Local \_\_\_\_\_

Area Code \_\_\_\_\_

Permanent \_\_\_\_\_

Area Code \_\_\_\_\_

Student's Signature \_\_\_\_\_

Date \_\_\_\_\_

#### Notice of Collection of Personal Information

With a few exceptions, you are entitled, on request, to be informed about the information Texas Tech University Health Sciences Center El Paso (TTUHSC El Paso) collects about you. Under §552.021 and §552.023 of the Texas Government Code, you are entitled to receive and review the information. Under §559.004 of the Texas Government Code, you are entitled to have TTUHSC El Paso correct information about you that is incorrect. The information that TTUHSC El Paso collects will be retained and maintained as required by Texas record retention laws (§441.180 et seq. of the Texas Government Code) and rules.

Please bring this completed form to the Office of Student Services (Medical Education Building, 1210; see Juan Camacho, Registrar's Office).

Registrar's Office: Date Processed: \_\_\_\_\_ Processed by: \_\_\_\_\_