



Personal Information Change Form

(Please Print)

Name _____ R# _____
First Middle Last

Name Change

This change requires a valid picture ID (A photocopy of the supporting documents will be attached to this form.).

Driver's License
Permanent Resident Card
DD 2 (Active/Reserve/Dependent/Retired ID)
Social Security Card
U.S. Government-issued Passport

New Student Name (Please print FULL Name, include suffix (Jr., Sr., II, etc.), if applicable.

First Middle Last

Social Security Number Change

This change requires an original or certified copy of the student's social security card and valid picture ID.

Birth Date Change

This change requires a valid picture ID, including birth date, or an original birth certificate.

Gender Change

This change requires a legal court order and a valid picture ID with the correct gender. Male Female

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 TTUHSC El Paso collects will be retained and maintained, as required by Texas records 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: _____