

**The University of Texas of the Permian Basin
Office of the Registrar
Student Information Update**

PLEASE PRINT

INFORMATION CURRENTLY ON FILE:

STUDENT ID NUMBER: _____

NAME: _____
 Last First Middle Maiden/Other

CHANGES TO BE MADE:

NAME: _____
 Last First Middle Maiden/Other

SOCIAL SECURITY NUMBER _____

PERMANENT ADDRESS: _____
 (Street/P.O. Box) (Apt. No.)

 (City) (State) (Zip Code)

PHONE NUMBER: _____

LOCAL ADDRESS: _____
 (Street/P.O. Box) (Apt. No.)

 (City) (State) (Zip Code)

EMAIL ADDRESS: _____

STUDENT SIGNATURE: _____ DATE: _____

NOTE: Name changes, in order to be processed, must be accompanied by a copy of the social security card or current driver's license indicating correct name. Students who are changing or correcting their **social security number** must provide a copy of their valid social security card.

FOR OFFICE USE ONLY

DATA ENTRY BY: _____ DATE: _____