

<b>Reason for Change</b> <input type="checkbox"/> Name Change <input type="checkbox"/> SSN was incorrect/changed <input type="checkbox"/> DOB was Incorrect
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**Personal Information Update Form**

**STUDENT INFORMATION**

Student ID: A0 Full Name: \_\_\_\_\_  
First Name Middle Name Last Name  
 Email: \_\_\_\_\_ Phone: \_\_\_\_\_

**INFORMATION TO BE UPDATED**

I am requesting the following information to be changed/updated:  
 Name  Date of Birth  Social Security Number

In accordance with Texas State University policy, I am providing the following documentation to substantiate my request:  
 Driver's License  Passport  Certificate of Naturalization  
 State Issued ID Card  US Citizenship Certificate  Military ID

**AND ONE OF THE FOLLOWING:**  
 Social Security Card  Marriage License  
 Passport  US Citizenship Certificate  
 Court Order  Military ID  
 License to Carry Handgun  Driver's License of State Issued ID Card  
 Divorce Decree  Certificate of Naturalization  
 Court Order  Temporary Driver's License or State Issued ID  
 Birth Certificate

\*Photocopies of required documents **must be notarized.\***

\*\*Any student that is also a current employee at the university must submit a copy of their Social Security Card with full name indicated. This is a requirement of Human Resources and no exceptions are allowed.

**UPDATE INFORMATION**

*Please fill out only the portion of personal information you wish to update.*

**Name of Record**  
 Name on Record: \_\_\_\_\_  
 Updated Name: \_\_\_\_\_

**Date of Birth** **Social Security Number**  
 DOB on Record: \_\_\_\_\_ SSN on record: \_\_\_\_\_  
 Updated DOB: \_\_\_\_\_ Updated SSN: \_\_\_\_\_

- Requires at least **TWO VALID** and **ORIGINAL** forms of Identification (see choices above)
- Both forms of the required identification must show the **NEW** name
- At least **ONE** form of required identification must be a photo ID
- Social Security Card must be provided if updating Social Security Number
- Photocopies of required documents **must be notarized.**
- Faxes and emails will not be accepted.

**SIGNATURE**

*After completing this form, sign below and return it (in person or mail) with valid documentation to Office of the University Registrar, JCK 111.*

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Office of the University Registrar 601 University Dr. San Marcos, TX 78666 registrar@txstate.edu 512-245-2367

*For Office Use Only*  
 Posted By: \_\_\_\_\_ Date Posted: \_\_\_\_\_