

Reason for Change <input type="checkbox"/> Name Change <input type="checkbox"/> SSN was incorrect/changed <input type="checkbox"/> DOB was Incorrect
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Legal 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

<p><i>For Office Use Only</i></p> Posted By: _____ Date Posted: _____
