

OFFICE OF THE REGISTRAR MSC 105, 1050 W SANTAGERTRUDIS AVE KINGSVILLE, TEXAS 78363-8202

PH (361) 593-2811 EMAIL:registrar@tamuk.edu www.tamuk.edu

REQUEST FOR CHANGE OF STUDENT PERSONAL DATA

Note: Only complete the area(s) that you will be updating.

Student ID or SS#:	Na	me:		
(as currently listed on TAMUK re			sted on TAMUK records)	
Name Change				
Required Documentation: original	al copy of birth certifica	ate, marriage certificate	e, divorce decre	e, passport or cour
order required for change.				
Previous Name: (as listed on TAMUK re	cords)			
(First	Middle	Last	(Maiden)
New Name:				
First	Middle	Last		
Are you a student graduating for t	he current semester? Ye	esNo		
Social Security Number Cha	ange			
Required Documentation: Origin	•	ty card required for cha	ange.	
In a amount / Cumunt Number	Co	amaat/Navy Numban		
Incorrect/Current Number:		mrechnew Number.		
Date of Birth Change				
Required Documentation: Origin	al copy of birth certific	ate or passport required	d for change.	
I	C		1.	
Incorrect/Current Date of Birth	Co	orrect/New Date of Birt	n	
Address Change				
g				
StreetStreet	- •		1: 2:	
Street City, State, Zip Code:	Line			•
Circle all that apply: Permanent	Mailing Local	Billing		
		_		
Telephone Number Change)			
Di	T 12 / 11 / 1	1 Downson on t	Collular Wa	unla Othan
Phone:	_ Indicate all that	apply: Permanent	_Cenularwc	orkOmer
E-Mail Address Change (Note: v	vhile we will maintain personal	email addresses, a university	email address isrequi	red)
Email Address:				

If YES, please email attachments to registrar@tamuk.edu					
You can submit the completed form to the Blue and Gold Central located in MSUB Room 132 or you can email us at registrar@tamuk.edu					
Student's Signature:	Date:				
Office of Registrar's Use Only Date:	Processed by:				

Did you select Name Change, Social Security Number Change, or Date of Birth Change?

Date Revised: 10/04/2024