

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: *(Please Complete Entire Section)*

SOCIAL SECURITY NUMBER: _____

NAME: _____
Last First Middle Maiden/Other

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

(City) (State) (Zip Code)

() _____
Telephone

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

(City) (State) (Zip Code)

() _____ () _____
Home Telephone Work Telephone

E-MAIL 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: _____