



TEXAS SOUTHERN UNIVERSITY

Request for Personal Identification Changes

Name · Date of Birth · Social Security Number

Name: _____ TNumber/SSN: _____

Phone Number: (____) _____ - _____

Please check below only the changes necessary and provide the documentation required.

Request	Documentation Required
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- Name (Legal proof of the name change such as Drivers License, Social Security Card, Marriage License, Divorce Decree, Court Records, etc; and your signature)

Former Name: _____
Last First Middle

Change to: _____
Last First Middle

Reason for Name Change: _____

***Please be sure and notify your instructors that you have submitted a name change to the Office of the Registrar**

- Date of Birth (A copy of your driver's license and your signature.)

Correct DOB: _____

- Social Security Number (A copy of your social security card, student ID or driver's license, and your signature.)

Incorrect SSN: _____ - _____ - _____ Correct SSN: _____ - _____ - _____

Signature: _____ Date: ____/____/____

Return to:

After completing the form, click the button next to submit. If the button is not working properly on your computer, please email the form completed along with the document required to the Office of Registrar at chantel.jefferson@tsu.edu to process your request.

Privacy Policy:

With few exceptions, state law gives you the right to request, review and correct information about yourself collected on this form.