



**Texas A&M University-Corpus Christi  
Office of the University Registrar  
Authorization for Change of Biographic Data**

**Instructions:** This form is to be completed by the student to authorize changes to their biographic data as maintained by the University Registrar. Supporting documentation may be required (see below).

Student ID: \_\_\_\_\_

Name: \_\_\_\_\_

NOTE: If requesting a name change, please print your former name.

**Change of Address/Telephone/E-mail:**

Permanent    Local    Emergency    Billing    Campus    All

Please print clearly to allow for correct processing.

|                     |                 |
|---------------------|-----------------|
| Street: _____       | Apt. no.: _____ |
| City: _____         | State: _____    |
| Zip code: _____     | Country: _____  |
| Phone number: _____ |                 |
| E-mail: _____       |                 |

**Change of Name:**

NOTE: Certified Copy Documentation to support this change must be attached. This includes your Marriage License, Divorce Decree, Court Ordered Change, or Birth Certificate.

\_\_\_\_\_

|      |       |        |
|------|-------|--------|
| Last | First | Middle |
|------|-------|--------|

**Change of Social Security Number:**

NOTE: Present original card or attach a certified copy of your Social Security card.

\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I hereby authorize each of the biographical changes noted above.

\_\_\_\_\_  
Student's signature

\_\_\_\_\_  
Date

NOTE: If you fail to provide the proper supporting documentation as requested, we will be unable to guarantee that the changes requested will be processed. Changes noted above may not be reflected in other procedures currently in progress.

**For Registrar's Office Use Only**

|                     |             |
|---------------------|-------------|
| Processed by: _____ | Date: _____ |
|---------------------|-------------|