

Biographical Data Change Request Form

How to Submit Form: The completed form must be submitted via the [Document Uploader](#).

- **Fields to select on the Document Uploader:** Department: *Registrar*; Term: *Select Applicable Term*; Category: *Biographical Data Change Request*; Document: *Biographical Data Change Request Form*

PLEASE DO NOT EMAIL your Social Security Card.

Required Documentation for Name Change: You must submit two types of documents: 1) a photo ID showing your new legal name and 2) a secondary document reflecting the new legal name. For a comprehensive list of approved documents please visit the [Name Change Website](#). Please note, the names on both documents must match the name change listed on this form.

Required Documentation for ID Change: You must submit two documents: 1) a photo ID and 2) your Social Security Card.

CURRENT NAME ON RECORD

First Name: _____ Middle Name: _____ Last Name: _____

International Students (Graduate and Undergraduate)

Students holding non-immigrant visas must have their request approved by the Office of International Programs, to update their name. Please contact them at International.Services@utsa.edu before submitting this form to the Graduation Coordination Office.

International Program Verification Print Name: _____

Signature: _____ Date: _____

Current or Former UTSA Employees

In addition to submitting this form, you must also go to Human Resources to change your name.

CHANGE REQUEST

I would like to change my name.

New Legal Name: First Name: _____ Middle Name: _____ Last Name: _____

Yes I would like my legal name reflected on my diploma.

In addition to submitting this form, you must contact Tech Cafe if you would like to update your email address at utsa.edu/techsolutions/techcafe.

I would like to change my Social Security Number. A copy of the new social security card must accompany this form.

Previous Social Security Number: _____ New Social Security Number: _____

I would like to change other biographical information: _____

SIGNATURE

Signature*: _____ Date: _____

Telephone Number: _____ Preferred Email Address: _____

**Electronic signature - typing your name will suffice as an authentic signature. This form does NOT need to be printed and scanned.*

With a few exceptions, you are entitled on your request to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.

OFFICE USE ONLY: