NAME CHANGE REQUEST

Office of the Registrar

Name _______________________________  Current UTD-ID ________________

Phone Number_________________________ E-mail__________________________________________

Do you currently work at UT Dallas?  □ Yes   □ No

(If you are currently employed by UT Dallas, the Name Change must be initiated through the Data Management Group in the Payroll department. Please visit them at AD 2.224 or call 972-883-2611.)

NAME CURRENTLY ON UTD RECORDS:

Please print legibly

_________________________          _______________ ________________
Last      First    Middle

CHANGE NAME TO:

_________________________ _________________ ________________
Last      First    Middle

Required Documentation (Only one (1) document required).  Indicate below the proof you are submitting with your NAME change request.

Current Driver’s License _____  Passport _____  Marriage License _____
Court Order _____    Other _____

**Your name will only be changed if you submitted your supporting documents**

_________________________________   ________________________
Signature                      Date

For Office Use only:

Receiver (initial): __________
Supporting Document: ________

Registrar’s Office Stamp: