



Office of the Registrar

NAME CHANGE REQUEST

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

Registrar's Office Stamp:

For Office Use only:

Receiver (initial): _____

Supporting Document: _____