

Student Information Update Form

Name, SSN, and DOB Updates

UHD Admission's Office
One Main Street, Ste S350
Houston, TX 77002
ph: 713-221-8522
fax: 713-223-7468
uhdadmit@uhd.edu

UHD Registrar's Office
One Main Street, Ste N330
Houston, TX 77002
ph: 713-221-8999
fax: 713-223-7438
uhdrecords@uhd.edu



Student Information:

UHD ID Number:

Telephone:

First Name

MI

Last Name

Name Change:

Reason for Name Change:

Marriage

Divorce

Court Order

Naturalization

Change Name From:

First

Middle

Last

Change Name To:

First

Middle

Last

I acknowledge that original documentation (marriage certificate, divorce decree, naturalization certificate, etc.) must be presented along with a copy of the updated social security card . tax i.d. card and an updated government issued i.d. when requesting a name change or correction.

I acknowledge that my UHD assigned email address will be updated as well after the close of the current term. Please note that there is a grace period of 10 business days to forward any important emails to another location before the deletion of record and update is completed. Emails from the old email account can be forwarded into the new account or another location starting on the Friday after the close of the semester. The old email account will be inaccessible after 10 days.

**FOR OFFICIAL
USE ONLY**
(if necessary)

Naturalization Certificate No. _____ INS #A _____

City _____ State _____ Date _____

Name as it appears on the Naturalization Certificate: _____

Social Security Number / Taxpayer Identification Number Change:

Change From:

Change To:

I acknowledge that an updated social security card / tax i.d. card must be present as proof, as well as a copy of a valid government issued i.d.

Date of Birth Change:

Change From:

Change To:

I acknowledge original documentation (valid government issued i.d., birth certificate, etc) must be presented when requesting a date of birth change or correction

New students should submit this form to the Office of Admissions. Current and former students should submit to the Registrar's Office. Contact information is provided at the top of this form.

I authorize the University of Houston-Downtown to make the updates/changes to my student record as requested above.

STUDENT SIGNATURE _____ **DATE** ____ / ____ / ____

For Office Use Only:

Received By _____ Date _____
Processed By _____ Date _____