

The University of Texas Health Science Center at Houston

Office of the Registrar
P.O.Box 20036 - UCT 2250
Houston, TX 77225
Phone: (713)500-3388 Fax: (713)500-3356

NAME CHANGE REQUEST

Instructions: Submit the completed form along with all other required documentation via email attachment to registrar@uth.tmc.edu. Your legal name is the name that you provided on the application for admission and can be changed with appropriate documentation for one of the following reasons.

1. Marriage or divorce
2. Changed by court order
3. Name is misspelled or otherwise incorrect. Click [here](#) for questions about diploma name changes.

Enter Student ID number:

Date of Birth:

I request that my legal name be changed and reflected on the Office of the Registrar records as listed below.

From (Name currently listed):

First Name

Middle Name

Last Name

Sfx

To (New Name to be listed):

First Name

Middle Name

Last Name

Sfx

I was last enrolled in School Year: _____

At:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Graduate School of Biomedical Sciences |
| <input type="checkbox"/> | School of Biomedical Informatics |
| <input type="checkbox"/> | School of Dentistry |
| <input type="checkbox"/> | School of Nursing |
| <input type="checkbox"/> | School of Public Health |
| <input type="checkbox"/> | Medical School |
| <input type="checkbox"/> | UT MD Anderson School of Health Professions |

To assure full documentation of your name change in your academic record, please email (or fax) this form with a notarized copy of a supporting document (birth certificate, marriage license, divorce decree, court order).

Signature