

NAME CHANGE /ADDRESS CHANGE REQUEST FORM

Office of the Registrar



UNIVERSITY OF ST. THOMAS

Date: _____

Name: _____

Student ID# _____

Signature: _____

Phone Number: _____

A. Reason for Name Change:

Marriage Divorce Court Order/Naturalization Misspelling Other

I understand that the new name will appear on all official University of St. Thomas records and on my diploma. I also understand that I may not submit this form without legal documentation demonstrating that my name has been legally changed for the reasons indicated above.

B. Change Name From:

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

Change Name To:

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

C. Address Change

Apt. Number: _____

Street Address: _____

City: _____ State: _____

Zip: _____

Address Type

Home

Mailing

Permanent

D. UST EMPLOYEE - Additional Information. *Please submit this form to HR.*

I am a **current** UST employee.

I am a past UST employee.

I am a **current** UST student employee.

I am a past UST student employee.

D. After all sections have been completed, return the form:

In person: Herzstein Enrollment Services Center

By Mail: Enrollment Services 3800 Montrose Blvd. Houston, TX 77006

By Email: registrar@stthom.edu (from your stthom.edu account)

OFFICE USE ONLY

Documentation Received:

Marriage License Divorce Decree Birth Certificate Passport Permanent Resident Card

Court order Driver's License Social Security Card Naturalization Certificate