



Request for Personal Identification Changes

Name • Date of Birth • Social Security Number

Name: _____ CWID/SSN: _____

Phone Number: (____) _____ - _____

Please check below only the changes necessary and provide the documentation required.

Request

Documentation Required

Name (Legal proof of the name change such as Drivers License, Social Security Card, Marriage License, Divorce Decree, Court Records, etc; and your signature.)

Former Name: _____
Last First Middle

Change To: _____
Last First Middle

Reason for Name Change: _____

Date of Birth (A copy of your driver's license and your signature.)

Correct DOB: _____

Social Security Number (A copy of your social security card, student ID or driver's license, and your signature.)

Incorrect SSN: _____ - _____ - _____ Correct SSN: _____ - _____ - _____

Signature: _____ Date: ____/____/____

Return to:
Office of the Registrar-Texas A&M University-Commerce P.O. Box 3011 Commerce, Texas 75429-3011
Fax: (903) 886-5888

Privacy Policy
With few exceptions, state law gives you the right to request, review, and correct information about yourself collected on this form.