TEXAS A&M UNIVERSITY CENTRAL TEXAS

Permanent Record Update Form

Student Name _____ Date _____

UIN _____ Email _____

Mandatory Section:
Please complete the section below exactly as it appears on your current permanent record.

Last Name	First Name	Middle Initial	Social Security Number

Name Change Section:
Please attach a copy of the Legal documentation for name change i.e., Marriage certificate, Divorce Decree etc.

Last Name (Changing to)	First Name (if applicable, Changing to)

Social Security Number Change Section:
Please attach a copy of your New Social Security Card indicating the change of number.

New Social Security Number

_____ _____

Student Signature **Date**

Please Return to: Office of the Registrar Killeen, TX 76549 (254) 519-5452

Processed by/Date: _____

Approved by Academic Council 11/11