Request to Change Personal Information

Revised 6/8/10

CURRENT INFORMATION

Name: _____ Date: _____

Previous Name(s) enrolled at USW: _____

Student ID or Last 4 digits of SSN: _____ Date of Birth: _____

NEW INFORMATION

MAILING ADDRESS:

Street _____

City _____ State _____ Zip: _____

Phone _____ Mobile _____

LOCAL ADDRESS: ☐ Check here if same as Mailing address

Street _____

City _____ State _____ Zip: _____

Phone _____ Mobile _____

BILLING ADDRESS: ☐ Check here if same as Mailing address

Street _____

City _____ State _____ Zip: _____

Phone _____ Mobile _____

NAME CHANGE

Proof of change of name is required to complete the name change request at USW. Please present a valid state picture id, the updated name social security card or the completed new Social Security card application.

Former name: _____ New Name: _____

Please Return Form to the Office of the Registrar

All of the information I have provided on this form is true and accurate to the best of my knowledge.

Signature _____ Date: _____

OFFICE USE ONLY

Date Processed: _____ Initials: _____

Mail Request to:
Office of the Registrar
6610 N Lovington Hwy Suite 508
Hobbs, NM 88240

Fax to: 575-392-6006