



Name and/or Social Security Number Change Request

(A clear copy of your new Social Security Card will be required)

Are you a student of TTUHSC ELP or an employee of TTUHSC ELP? (please check one)

Currently Enrolled Student

Employee

Semester last enrolled: _____

Please change my information as indicated below:

NEW Full Legal Name:

New Last	New First	New Middle
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OLD Full Legal Name:

Old Last	Old First	Old Middle
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NEW Social Security Number: _____

OLD Social Security Number: _____

Please mail, fax, e-mail, or bring completed form with a clear copy of your New Social Security Card to:

For Students:
Office of the Registrar
EPRegistrar@ttuhsc.edu

Address:
5001 El Paso Drive
MEB 2140 Mail Stop 21014
El Paso, TX 79905
Telephone: (915) 215-4370
Fax: (915) 215-8819

Signature (Required): _____

Date: _____