



Name Change Request Form

Office of the Registrar

Name _____ Current UTD-ID _____

Phone Number _____ E-mail _____

Do you currently work at UT Dallas? Yes No

(If you are currently an employee of UT Dallas, the Name Change Request must be initiated through the Data Management Group in the Payroll Department. Please contact them directly for their requirements to make a change.)

NAME CURRENTLY ON UTD RECORDS:

Please print legibly

Last First Middle

CHANGE NAME TO:

Last First Middle

Required Documentation (Only one (1) document required). Indicate below the proof you are submitting with your NAME change request.

Current Driver's License _____ Passport _____ Marriage License _____
Court Order _____ Other _____

**** Your Primary Name will not be changed without approved supporting document ****

Signature

Date