UTD DALLAS

1098-T Tax SSN Input Request &
Social Security Number Change Request

UTD ID: ____ ____ ____ ____ ____ ____ ____ ____ ____ ____

Name _____

Are you a TA, RA or Faculty?　　　　**Yes**____　　　　　　　**No**____

Phone Number_____　　**E-mail**_____

Important: You have to submit a copy of your signed **Social Security card** with this request.

SSN NUMBER CURRENTLY ON UTD RECORDS:
Please print legibly (leave blank if none currently)

_____

CHANGE SSN NUMBER TO:
(must match SSN card)

_____

_____　　_____
Signature　　　　　　　　　　　　　　　　　　　　　　Date

Note: This form will only be used to input/change SSNs**. If you have duplicate numbers in the system, please let the front desk staff know.**

FOR OFFICE USE ONLY

Receiver: (initial) _____

Documents: Social Security Card ____

Registrar's Office Stamp