

Change of Student Information Office of the Registrar

West Texas A&M University, WTAMU Box 60877, Canyon, Texas 79016 Phone (806) 651-4911 Fax (806) 651-4949

WT II);LE	GAL NAME:		
Did you complete an application for admissions this semester? Yes No				
of i		required to change the univer	address, telephone number, and email on file with the Office rsity database. If you feel another office should be aware of	
1) driv	name changes one of the followin er's license and social security can py of the divorce decree 4) a copy	rd reflecting the name cha	equired: ange 2) a copy of your marriage license	
Name Changed From:		Name Cha	Name Changed to:	
Maiden Name:		Other Na	_ Other Name(s):	
•	Complete The Appropriate S H – Home/Permanent (This i		permanent residence)	
Street o	or Box:		Apartment:	
City: _		State:	ZIP:	
County	: Home Phone:		Cell:	
	LM – Local Mailing (This is	the address that you st	ay at when you are on campus)	
Street o	or Box:		Apartment:	
City: _		State:	ZIP:	
County	: Hor	ne Phone:	Cell:	
	Alternate Email Address: (email address we may use in case of an emergency – official univer- correspondence will <u>ONLY</u> be sent to your WTAMU student email address)			
Alterna	te Email:			
	Emergency Contact Person & Phone Number:			
Name:		Relationship:	Phone Number:	
Student Signature (required):			Date:	
May be submitted without signature if submitted using secure student email account (******@buffs.wtamu.edu)				

FOR OFFICE OF THE REGISTRAR USE ONLY

Date Processed By Registrar: