

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 Email registrar@wtamu.edu

WT ID:	LEGAL NAME:		
of the Registrar. Offi		ress, telephone number, and email on file with the Office addatabase. If you think another office should be aware of	
1) A copy of you 2) A copy of the	name, please complete this section and provi ur social security card <u>AND</u> e legal document that changed your name (mo your Driver's License with the same name as y	arriage license, divorce decree, or court order)	
Name Changed From:	Name Chang	Name Changed to:	
		Other Name(s):	
relevant section(s). I	tact information (address, phone number f any of the information has not changed nt (This is the address of your permanent	, ,	
	• •	Apartment:	
		ZIP:	
-		Cell:	
LM – Local Mailing	(This is the address where you want to r	receive your mail.)	
Street or Box:	•	Apartment:	
		ZIP:	
County:	Home Phone:	Cell:	
	nail Address: (email address we may use nce will <u>ONLY</u> be sent to your WTAMU	in case of an emergency – official university student email address)	
Alternate Email:			
Student Signature (r	required):	Date:	
May be submitte	d without signature if submitted using secure studer	nt email account (******@buffs.wtamu.edu)	
	FOR OFFICE OF THE REGISTE	RAR USE ONLY	
		Date Processed By Registrar:	