

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. Of		ress, telephone number, and email on file with the Office adatabase. If you think another office should be aware of	
1) A copy of y 2) A copy of th *Additional d	Il name, please complete this section and provi your social security card <u>AND</u> the legal document that changed your name (mo locumentation may be requested if identity need ously provided)		
Name Changed From: _	Name Chang	Name Changed to:	
		Other Name(s):	
H – Home/Permane Street or Box: City: County:		t residence.) Apartment: ZIP: Cell:	
		Apartment:	
		ZIP:	
-		Cell:	
	mail Address: (email address we may use ence will <u>ONLY</u> be sent to your WTAMU	in case of an emergency – official university student email address)	
Student Signature	(required):	Date:	
	ted without signature if submitted using secure studer		
	FOR OFFICE OF THE REGISTE	RAR USE ONLY	
		Date Processed By Registrar:	