



## REQUEST TO CHANGE OR CORRECT RECORDS

(Only the person to whom these records belong may request changes)

State law and university policy, with limited exceptions, allow you to be informed about information the University collects about you, to review and obtain the information on this form, and to correct any information you believe is incorrect.

**While this form is provided online for convenience, the student must present this completed form along with any necessary documentation to the Registrar's Office to complete the request. Please contact the Registrar's Office at [registrar@untdallas.edu](mailto:registrar@untdallas.edu) or at 972-780-3664 for more information.**

ID#: \_\_\_\_\_

Name: \_\_\_\_\_  
Last First M.I.

Currently Enrolled: Yes \_\_\_ No \_\_\_ If No, date of last enrollment: \_\_\_\_\_

Mailing Address TO: \_\_\_\_\_  
Street City, State Zip Phone#

Permanent Address TO: \_\_\_\_\_  
Street City, State Zip Phone#

Birth Date TO: \_\_\_\_\_

Gender FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Name: FROM: \_\_\_\_\_  
Last First M.I.  
TO: \_\_\_\_\_  
Last First M.I.

REASON: \_\_\_\_\_

Social Security Number: FROM: \_\_\_\_\_ TO: \_\_\_\_\_

Emergency Notification: \_\_\_\_\_  
Name Relationship  
Street City, State Zip Phone#

Student Signature: \_\_\_\_\_

FOR OFFICE USE ONLY:  
Corrected on: \_\_\_\_\_ Initials: \_\_\_\_\_