

THE UNIVERSITY OF TENNESSEE AT MARTIN

Office of Academic Records

PERSONAL DATA CHANGE REQUEST

Name: _____

New Name: _____

ID#: _____

(Will only be processed with proper documentation)

(Social Security #)

Local (Mailing) _____
Address _____

Local Phone: _____

(During School Year)

Permanent _____
(Home) _____
Address _____

Home Phone: _____

(When Not in School)

Student's
Email Address: _____

Student's Signature: _____

Please fill out completely. Put SAME AS ABOVE or NO CHANGE where it applies.

ID Check: By: _____ Date: _____