



# Name Change Request Form

Office of the Registrar

Name \_\_\_\_\_ Current UTD-ID \_\_\_\_\_

Phone Number \_\_\_\_\_ E-mail \_\_\_\_\_

Do you currently work at UT Dallas? ☐ Yes ☐ No

(If you are currently an employee of UT Dallas, the Name Change Request must be initiated through the Data Management Group in the Payroll Department. Please contact them directly for their requirements to make a change.)

## NAME CURRENTLY ON UTD RECORDS:

Please print legibly

\_\_\_\_\_  
Last First Middle

## CHANGE NAME TO:

\_\_\_\_\_  
Last First Middle

**\*Please note that both the primary name and preferred name will be updated to match in Orion.**

Required Documentation (Only one (1) document required). Indicate below the proof you are submitting with your NAME change request.

Current Driver's License \_\_\_\_\_ Passport \_\_\_\_\_ Marriage License \_\_\_\_\_  
Court Order \_\_\_\_\_ Other \_\_\_\_\_

**\*\* Your Primary Name will not be changed without approved supporting document \*\***

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date