

Name and/or Social Security Number Change Request

(A <u>clear</u> copy of your new Social Security Card will be required)

Are you a student of LIUHSC or an en	nployee of Flunser (piease check one)
Currently Enrolled Student	_ Employ	ee
Semester last enrolled:		
Please change	e my information as indi	cated below:
NEW Full Legal Name:		
New Last	New First	New Middle
OLD Full Legal Name:		
Old Last	Old First	Old Middle
NEW Social Security Number:		
OLD Social Security Number:		
Please mail, fax, e-mail, or bring complet	ed form with a <u>clear</u> cop	by of your New Social Security Card to:
For Employees :		For Students :
Human Resources Benefits		Office of the Registrar
HSCBenefits@ttuhsc.edu		Registrar@ttuhsc.edu
Room 1B211		Room 2C400
Mail Stop 8100		Mail Stop 8310
Lubbock, TX 79430		Lubbock, TX 79430
Telephone: (806) 743-2865		Telephone: (806) 743-2300
Fax: (806) 743-2882		Fax: (806) 743-3027
Signature (Required):		Date: