

**University of the Southwest**  
**Request to Change Personal Information Form**  
Completed form must be returned to:  
**Office of the Registrar**  
**6610 North Lovington Highway Suite 508**  
**Hobbs, New Mexico 88240**

**Current Information**

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Name: \_\_\_\_\_

Previous Names(s) enrolled at the USW: \_\_\_\_\_

Student ID or Last 4 digits of SSN: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**New Information**

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**Mailing address:**

Street/PO Box: \_\_\_\_\_ \*If PO Box address a Physical address is required.

City: \_\_\_\_\_ State : \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ email address: \_\_\_\_\_

**Billing Address:**

Street/PO Box: \_\_\_\_\_ \*If PO Box address a Physical address is required.

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_ email address: \_\_\_\_\_

**\*Physical Address:**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

All of the information I have provided on this form is true and accurate to the best of my knowledge:

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

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**Name Change**

Proof of change of name is required to complete the name change request at USW. Please present a valid state issued picture ID with the updated name and a new social security card or the completed new Social Security card application.

Former name: \_\_\_\_\_ New Name: \_\_\_\_\_

**USE NOTARY FOR NAME CHANGE ONLY:**

**Student's signature is to be signed only in front of a notary. A current government issued ID will be required to be notarized.**

State of \_\_\_\_\_

County of \_\_\_\_\_

Signed or attested before me on \_\_\_\_\_ By \_\_\_\_\_

My commission expires \_\_\_\_\_

Notary \_\_\_\_\_

Office USW ONLY: Date Processed: \_\_\_\_\_

By USW Employee: \_\_\_\_\_