

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

Name: _____
Previous Names(s) enrolled at the USW: _____
Student ID or Last 4 digits of SSN: _____ Date of Birth: _____

New Information

Mailing/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: _____

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: _____