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THE UNIVERSITY of TEXAS
HEALTH SCIENCE CENTER AT HOUSTON

Office of the Registrar
P.O.Box 20036 - UCT 2250
Houston, TX 77225
Phone: (713)500-3361
Fax: (713)500-3356

ADDRESS/TELEPHONE CHANGE REQUEST

Instructions: If completing the form manually, please PRINT legibly and darken in selection circles completely. Send manually completed forms to the Office of the Registrar at the address or fax number above.

Last Name

First Name

Middle Name

US Social Security Number ___ - ___ - ____

Select School

- ○ Dental Branch
- ○ Graduate School of Biomedical Sciences
- ○ MD Anderson Health Science Programs
- ○ Medical School
- ○ School of Health Information Sciences
- ○ School of Nursing
- ○ School of Public Health

Address or telephone to be changed. Select the address type: ○ Permanent ○ Current ○ Office ○ Temporary

Address Begin Date (MM-DD-YYYY): __ - __ - ____

Address End Date (MM-DD-YYYY): __ - __ - ____

Street Address (include room or apartment number)

City **State**

_____ - _____ (___) ___ - ____

Zip Code **Phone Number**

These addresses are taken from your application for admission and from UTLINK voice response system at the time of your initial registration. The current address is your place of residence while you are in school. The permanent address may be the same as your current address or it may be different such as that of your parents. The office address will provide information to the schools should they need to reach you at work or reach someone in case of emergency.

COMMUNICATIONS FROM THE OFFICE OF THE REGISTRAR ARE SENT TO YOUR PERMANENT ADDRESS UNLESS YOU HAVE A DIFFERENT CURRENT ADDRESS ON FILE.

Reset