

Request for Use of Faculty Professional Name

This form can be filled out with Adobe Acrobat and then printed for signature.
Any questions may be directed to the Records Administration & Archives section 979-862-3855 or recordsadmin@tamu.edu.

UIN: _____ **Date of Birth:** (for record matching purposes only) _____

Department: _____

Name as it currently appears in the student information system: _____

Professional Name:
(to be verified by the Vice President for Faculty Affairs) _____

With my signature, I request my current faculty name in the student information system be changed to match my Professional Name on Record with the Vice President for Faculty Affairs.

Signature: _____

Date: _____

For Vice President for Faculty Affairs Use Only

Certification of professional name listed above for faculty use:

Signature: _____ **Date:** _____

For Records Administration & Archives Section Use Only

Date Received: _____ **Processed By:** _____

Date Entered in Compass: