

# Escrow officer name or address change request form

You must fill out and send us this document within 30 days of a change to your name or address becomes official.

TDI license number:				
Fill out this section	on if you changed you	name:		
New legal name:				
First name	Middle name	Last name	Suffix	
Attach a copy of a	n official document showing	a that vour name chang	ed. For example, send a	
• •	ertificate or divorce decree.	g <b>,</b>	р , , , , , , , , , , , , , , , , , , ,	
Fill out all parts of	f this section if your ac	ddress changed:		
Phone numbers:				
Personal ()		Business ()		
Email addresses:				
Personal		Business		
Home address:				
Street address				
City		State	ZIP	
ls your mailing addr	ess the same as your hom	e address (primary res	idence)? 🗌 Yes 🔲 N	
If no, what is you	ır mailing address?			
Mailing address				
Citv		State	ZIP	

## **▶** Sign here:

The answers I gave on this form are true and correct:				
Escrow officer's signature	Date			

### ► Return this form and any attachments one of these ways:

### **Email:**

TDI-TitleLicensing@tdi.texas.gov

#### Mail:

Agent and Adjuster Licensing Texas Department of Insurance PO Box 12030, MC: CO-AAL Austin, Texas 78711-2069

### ► Contact us if you have questions:

You can: (1) use our online question form at <a href="www.tdi.texas.gov/agent/question.html">www.tdi.texas.gov/agent/question.html</a>, (2) email TDI-TitleLicensing@tdi.texas.gov, or (3) call 512-676-6475.

### ► Know your rights:

**Your rights:** You can request information we have about you by emailing <a href="mailto:OpenRecords@tdi.texas.gov">OpenRecords@tdi.texas.gov</a> or writing to: Public Information Coordinator, Texas Department of Insurance, P.O. Box 12030 (mail code GC-ORO) Austin, Texas 78711-2030. You also have the right to ask that we fix information we have about you that is wrong. To ask for a correction, send (1) your name, mailing address, and your phone number, (2) details about what needs to be fixed, and (3) the reason or proof showing why the information is wrong. Send this by email to <a href="mailto:RecordCorrections@tdi.texas.gov">RecordCorrections@tdi.texas.gov</a> or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.