

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: _____

Name as listed on your license:

First name Middle name Last name Suffix

► **Fill out this section if you changed your name:**

New legal name:

First name Middle name Last name Suffix

📎 Attach a copy of an official document showing that your name changed. For example, send a copy of a marriage certificate or divorce decree.

► **Fill out all parts of this section if your address changed:**

Phone numbers:

Personal (____) _____ Business (____) _____

Email addresses:

Personal _____ Business _____

Home address:

Street address _____

City _____ State _____ ZIP _____

Is your mailing address the same as your home address (primary residence)? Yes No

If no, what is your mailing address?

Mailing address _____

City _____ 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 www.tdi.texas.gov/agent/question.html,
(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 OpenRecords@tdi.texas.gov 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 RecordCorrections@tdi.texas.gov or by mail to: Record Correction Request, Texas Department of Insurance, P.O. Box 12030 (mail code CO-AAL-CC), Austin, Texas 78711-2030.