NAME CHANGE FORM

Stephen F. Austin State University * Office of the Registrar
Box 13050, SFA Station * Nacogdoches, Texas 75962-3050 * 936-468-2501

PRINT NAME________ LAST ________ FIRST

Have you been employed by the SFASU within the past 12 months?

Yes_______ **No________**

****If yes, you will also need to contact Payroll Office in the Austin Building, Room 205 or by calling 468-2451.**

Social Security Number:_________________ Date of Birth:____/____/_____

Previous Name:____
Last First Middle

Change Name To:____
Last First Middle

Last Year Enrolled at SFASU:_______________________________________
Semester Year

Contact phone number: (_____)___________________

If you have filed for graduation, does this name change affect the name on your diploma?

Yes_______ **No________**

SIGNATURE____________________________________ DATE_______________

(This form may be returned via mail, fax (936-468-6651), or in person to the Registrar's Office, Rusk Bldg., Room 202 along with the required documentation.)

Office Use Only

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Completed By:_____________________________________ Batch Date:_____________

Revised 11-14-2011