Stephen F. Austin State University
Office of the Registrar
Box 13050, SFA Station
Nacogdoches, Texas75962-3050
936-468-2501

# NAME CHANGE FORM

**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.**

Student ID/SSN#: ______________________ Date of Birth:____/____/_____

Previous Name:____________________________________________
Last First Middle

Change Name To:___________________________________________
Last First Middle

Last Year Enrolled at SFASU:_______________________________
Semester Year

**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, 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:______________