



STEPHEN F. AUSTIN STATE UNIVERSITY

Office of the Registrar

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SOCIAL SECURITY NUMBER CHANGE FORM

Please return this completed form to the Registrar's Office (registrar@sfasu.edu), along with copies of the required documentation.

Required documents: Social Security Card (complete number and name must be legible)
Valid Driver's License
The legal names on both documents must match exactly. If the legal names do not match, this form will not be processed.

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

Legal Name: _____
Last First Middle

Contact Phone Number or Email: _____

Signature: _____ Date: _____