

## Sam Houston State University

MEMBER THE TEXAS STATE UNIVERSITY SYSTEM

## OFFICE OF THE REGISTRAR

## SSN / Name / Address Change Form

Please supply information only in the area applicable. A Social Security card <u>must</u> be attached to requests for a legal name change.

Note: Preferred names will not be used for any reason other than an alternative name on campus. Diplomas, transcripts, and official reporting of student data will only use the legal name on file.

## Submit forms to: regforms@shsu.edu;

936.294.1737 (Fax); Box 2029, Huntsville, TX; or the Registrar's Office (Estill Bldg, Suite 331)

Required Information:					
Sam ID	#:		Phone #:		
Signatur	re:		Date:		
Change	e of Name:	Legal: □	Preferred First N	ame: □	
Name C	changed From: _				
		First	Middle	Last	Suffix
Name Changed To:		First	Middle	Last	Suffix
Note: A sh	anga af lagal nama ag				Sullix
Note: A change of legal name can impact financial aid when the lender is unaware of the name change. Students are encouraged to visit with a financial aid representative prior to changing their legal name.					
Change of Social Security Number (copy of Social Security card <u>must</u> be attached):  Social Security Number Changed From:  Social Security Number Changed To:					
Change of Address (former students only):  Current Students: Permanent, mailing, emergency, and W2 addresses can be changed online through MySam. If you require assistance changing your W2 address, please contact the Payroll Office.  Name:  Address Changed From:  Address Changed To:  Note: If you are enrolled in retirement or insurance, you must complete auxiliary forms with Human Resources.					
	Deceived Dy		gistrar's Office Use Only:	Data	
	Received by	:	Social Security Card:   St	Date:	
		· · ·	to Graduate: Yes:   No:		
	Processed By	:		Date:	