

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)

Requi	red Information:				
Sam ID) #:		Phone #:		
Signature:					
Chang	ge of Name:	Legal: □	Preferred First Na	ame: □	
Name (Changed From:				
	Fi	rst	Middle	Last	Suffix
Name (Changed To:	rat	Middle	Last	Suffix
Notes A al					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:		•			
Name:Address Changed From:					
Addres	s Changed To:				
Note: If yo	ou are enrolled in retiremer	t or insurance, you must complete	auxiliary forms with Human Resou	rrces.	
		Rec	gistrar's Office Use Only:		1
	Received By:	Keş	·	Date:	
			Social Security Card: Sta		
	Applied to Graduate: Yes: □ No: □				
	Processed By:		I	Date:	