

FORT HAYS STATE UNIVERSITY  
NOTICE OF STUDENT NAME CHANGE

Please print clearly

NEW NAME: \_\_\_\_\_  
(Last/Family Name) (First) (Middle)

STUDENT ID NUMBER: \_\_\_\_\_ DATE OF MARRIAGE: \_\_\_\_\_

FORMER/MAIDEN NAME: \_\_\_\_\_  
(Last/Family Name) (First) (Middle)

SPOUSE'S NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

ARE YOU CURRENTLY ENROLLED AT FHSU? [ ] YES [ ] NO

ARE YOU RECEIVING A DEGREE AT THE END OF THIS SEMESTER? If so,  
contact your degree analyst in the Registrar's Office immediately to  
discuss the name desired on your diploma.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Deliver this completed, signed form to the Fort Hays State University  
Registrar's Office.