

Please clearly print all information.

Student Name _____ Student ID # _____

Anticipated Graduation Date : JAN MAY SUM DEC 20 _____

Student Signature _____ Date _____

Permanent Home Address

For billing email/mailling address changes, please contact the Student Accounts Office at billing@taylor.edu.

Address _____

 Apt #, Suite # _____

 City, State, Zip Code _____

 Home Phone # _____

 Cell Phone # _____

Associates' names at same address:

Please list Name(s) of Associate(s)

- Father _____
- Mother _____
- Spouse _____
- Step-Mother _____
- Step-Father _____
- Guardian _____

Associate(s) Address

(if different from above)

Address _____

 Apt #, Suite # _____

 City, State, Zip _____

 Home Phone # _____

 Cell Phone # _____

Associates' names at this address:

Please list Name(s) of Associate(s)

- Father _____
- Mother _____
- Spouse _____
- Step-Mother _____
- Step-Father _____
- Guardian _____

Legal Name Change

**A copy of your updated social security card, driver's license, or the court document authorizing your name change must accompany this form.*

Previous Legal Name _____

 New Legal Name _____

Reason for Name Change:

- Marriage
- Divorce
- Adoption
- Court Order
- Other (please specify): _____

Would you like your Taylor email address and network ID changed to your new name?

- Yes No

***A copy of your updated social security card, driver's license, or the court document authorizing your name change must accompany this form.**