

Please clearly print all information.

Student Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Anticipated Graduation Date : JAN MAY AUG DEC 20 \_\_\_\_\_ Year Entered Taylor/Catalog Year: \_\_\_\_\_

Cell Phone # \_\_\_\_\_ Campus Phone # \_\_\_\_\_

**Student Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

**Permanent Home Address** *For billing email/mailling address changes, please contact the Bursar's Office at bursar@taylor.edu.*

Address _____ Apt #, Suite # _____ City, State, Zip Code _____ Home Phone # _____ Cell Phone # _____	<p><b>Associates' Names at <u>same</u> Address:</b>  <i>Please list Name(s) of Associate(s)</i></p> <input type="checkbox"/> Father _____ <input type="checkbox"/> Mother _____ <input type="checkbox"/> Spouse _____ <input type="checkbox"/> Step-Mother _____ <input type="checkbox"/> Step-Father _____ <input type="checkbox"/> Guardian _____
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**Associate(s) Address** *(if different from above)*

Address _____ Apt #, Suite # _____ City, State, Zip _____ Home Phone # _____ Cell Phone # _____	<p><b>Associates' Names at <u>different</u> Address:</b>  <i>Please list Name(s) of Associate(s)</i></p> <input type="checkbox"/> Father _____ <input type="checkbox"/> Mother _____ <input type="checkbox"/> Spouse _____ <input type="checkbox"/> Step-Mother _____ <input type="checkbox"/> Step-Father _____ <input type="checkbox"/> Guardian _____
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**Legal Name Change** *\*A copy of your certified marriage license, social security card, or the court document authorizing your name change must accompany this form.*

Current Legal Name _____ New Legal Name _____	<p><b>Reason for Name Change:</b></p> <input type="checkbox"/> Adoption <input type="checkbox"/> Court Order <input type="checkbox"/> Divorce <input type="checkbox"/> Marriage
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Would you like your Taylor email address and network ID changed to your new name?  
 Yes     No

**\*A copy of your certified marriage license, social security card, or the court document authorizing your name change must accompany this form.**