



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.*

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

<p>Address _____</p> <p>Apt #, Suite # _____</p> <p>City, State, Zip _____</p> <p>Home Phone # _____</p> <p>Cell Phone # _____</p>	<p><b>Associates' names at <u>this</u> address:</b> <i>Please list Name(s) of Associate(s)</i></p> <p><input type="checkbox"/> Father _____</p> <p><input type="checkbox"/> Mother _____</p> <p><input type="checkbox"/> Spouse _____</p> <p><input type="checkbox"/> Step-Mother _____</p> <p><input type="checkbox"/> Step-Father _____</p> <p><input type="checkbox"/> Guardian _____</p>
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**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.*

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