



UNIVERSITY OF  
**MARY HARDIN-BAYLOR**  
*EDUCATION FOR LIFE... EXPERIENCE OF A LIFETIME*

**Change of Name and/or Address**  
(Please Print.)

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ ID#: \_\_\_\_\_

Cell Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Do you receive V.A. Benefits** \_\_\_\_\_yes \_\_\_\_\_no

Are a current student? Yes No      Are a former student? Yes No

**If Yes, Estimated Graduation Date:** \_\_\_\_\_

Student's Signature: \_\_\_\_\_

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**Please change my name to:** \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_

**Document provided:** \_\_\_\_\_

**Please change my address to:** Home Address Local Address Campus Address

\_\_\_\_\_ Address

\_\_\_\_\_ City State Zip

\_\_\_\_\_ Cell Phone Number

\_\_\_\_\_ E-Mail Address

Graduated: Yes \_\_\_ No \_\_\_ Degree \_\_\_\_\_

Date Graduated \_\_\_\_\_