



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

**Change of Name**  
(Please Print.)

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

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

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

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

**Do you receive V.A. Benefits** \_\_\_\_ yes \_\_\_\_ no

Are a current student?  Yes  No

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

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

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

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

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

**Document provided:** \_\_\_\_\_  
(Marriage license or official court records)

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