



TAYLOR UNIVERSITY FORT WAYNE

CHANGE OF NAME FORM

Former Name _____ Date _____

New Name _____ Student ID _____

Student Signature _____

A copy of a marriage certificate or official court degree must be attached to this form, in order for the change to be made. Do you want this information forwarded to:
payroll department? ___Yes ___No

IMPORTANT* If you are a graduation candidate please list your name as you want it to appear on your diploma and in the commencement program.

Diploma: _____

Program: _____

****IMPORTANT****
Do you want your network access name changed also?
___YES ___NO



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