

900 College Street | Box 8425 | Belton, Texas 76513 | (254) 295-4510 | Registrar@umhb.edu

## Change of Name (Please Print)

ame:				
ocial Security Number:			or ID#:	
none #:				
mail Address:				_
Are you a Current Student?		□ Ye	s 🗆 No	
If Yes, Estimat	ed Graduatio	n Date:		_
Graduated:	☐ Yes	Current De	gree:	
		Date Gradu	ated:	
	□ No:			
Please change my na First Name:  Middle Name:				-
Last Name:				<del>-</del>
Marital Status:	□ Sin	ngle	☐ Married	
Document Provided:	(Marr	iage license or offic	al court records)	
	(iviaii	lage neemse of office	ar court records)	
Student's Signature:			Date:	