



School of Law
Office of the Registrar

UNIVERSITY OF SAN FRANCISCO  SCHOOL OF LAW

CHANGE OF ADDRESS FORM

Name (Last, First, MI): _____

Student ID#: _____

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Student Signature: _____

Date: _____

Steps 1 and 2 must be completed in order to process a change of address.

STEP 1: UPDATE ADDRESS

Street _____

City, State _____

Zip _____

Country (if not U.S.) _____

Telephone # (include area code) _____

Active as of: _____

Date _____

Address Type (check all that apply):

☐

Mailing Address (we primarily send all correspondence to mailing addresses)

☐

Permanent Residence

☐

Local Residence (International Students Only)

☐

Business Address

STEP 2: INACTIVATE THE FOLLOWING ADDRESS:

Street _____

City, State _____

Zip _____

Country (if not U.S.) _____

Telephone # (include area code) _____

Inactive as of: _____

Date _____

UPDATED EMERGENCY CONTACT (IF APPLICABLE)

Street _____

City, State _____

Zip _____

Country (if not U.S.) _____

Telephone # (include area code) _____

Relationship _____

Active as of: _____

Date _____

Law Registrar Staff:

Received: _____

Initial when completed: _____

Date Entered: _____