USF
School of Law
Office of the Registrar

University of San Francisco School of Law

CHANGE OF PERSONAL DATA FORM

PART I: COMPLETE THE INFORMATION AS IT NOW APPEARS ON UNIVERSITY RECORDS

_____ _____ _____
Current Last Name Current First Name Middle Initial

_____ _____
Current SSN (required) Birthdate (M/D/Y):

Student ID#: | | | | | | | | | Gender: ☐ Female ☐ Male

PART II: COMPLETE THE INFORMATION AS IT SHOULD APPEAR ON UNIVERSITY RECORDS

- Please complete ONLY the information you want changed.

- All Name, DOB, SSN and Gender changes must be accompanied by *official, original* documentation (driver's license, SSN card, or city/state/court decree).

- Please bring completed form and original documents with you to the Law Registrar's office; we will make a copy on site for our records.

_____ _____ _____
New Last Name New First Name New M. Initial

_____ _____
New SSN # New Birthdate (M/D/Y)

New Gender: ☐ Female ☐ Male

Student Signature: _____ Date: _____

This form must be submitted with official documentation to the Law Registrar's Office, KN 220

Law Registrar Staff:

Received: _____ Initial when completed: _____ Date Entered: _____

Official document type: _____ Copy made: _____