USF
School of Law
Office of the Registrar

UNIVERSITY OF SAN FRANCISCO ❖ SCHOOL OF LAW

NON-DEGREE STUDENT PERSONAL DATA FORM

Date: _____

SSN: _____

Legal Name: _____

DOB (Day/Mo/Yr): _____

Home School: _____

Race/Ethnicity: _____

☐ **Prefer not to disclose**

Student I.D. #: ☐☐☐☐☐☐☐☐

Email Address: _____

Please note that you will be given a USF Email address within 3-5 days of completion of registration and any official correspondence will go to your USF Email. Further instructions will be emailed to you.

Year & Semester Attending USF:

20 _____ ☐ Fall ☐ Spring ☐ Summer

(PLEASE CHECK APPLICABLE SEMESTER)

PERMANENT ADDRESS

_____

Street City, State Zip

_____

Permanent Phone # (include area code)

MAILING ADDRESS

_____

Street City, State Zip

_____ _____

Mailing Phone # (include area code) Cell Phone #

Which do you wish to use as your primary contact?

☐ Perm. ☐ Mail ☐ Cell

EMERGENCY CONTACT INFORMATION

_____ _____ _____

Contact Name Relationship Phone # (include area code)

_____

Street City, State Zip

Registrar Staff Only:

Date Received: _____ Initial: _____

Date Processed: _____ Initial: _____ Date Letter Emailed: _____

☐ Student File Created ☐ Mail Folder Created ☐ Hold Created (Non-Degree only) ☐ Reminder set to move mail folder & file to inactive (Non-Degree only)