UNIVERSITY OF SAN FRANCISCO ◈ SCHOOL OF LAW
CHANGE OF ADDRESS FORM

Name (Last, First, MI): _____   Student ID#: [ ][ ][ ][ ][ ][ ][ ]

Student Signature: _____   Date: _____

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

STEP 1: UPDATE ADDRESS

_____
Street   City, State   Zip

_____   _____   Active as of: _____
Country (if not U.S.)   Telephone # (include area code)   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

_____   _____   Inactive as of: _____
Country (if not U.S.)   Telephone # (include area code)   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: _____