



School of Law
Office of the Registrar

UNIVERSITY OF SAN FRANCISCO SCHOOL OF LAW
NON-DEGREE STUDENT PERSONAL DATA FORM

Date: _____

SSN: _____

Student I.D. #: _____

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Legal Name: _____

DOB (MM/DD/YYYY): ____/____/____

Legal Sex: Male Female

Race/Ethnicity: _____ Prefer Not to Disclose

Gender: Man
 Woman
 Non-Binary
 Prefer Not to Disclose

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.

Home School: _____

(Only applicable if not USF)

Pronouns: He/Him/His
 She/Her/Hers
 They/Them/Theirs
 No Preference
 Prefer Not to Disclose

Year & Semester Attending USF: 20 ____ Fall Spring Summer

(PLEASE CHECK APPLICABLE SEMESTER)

PERMANENT ADDRESS

Street _____ City, State _____ Zip _____

Permanent Phone # (include area code) _____ Email Address _____

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 Reminder set to move mail folder