



CHANGE OF PERSONAL DATA FORM

Submit this form to the Office of the University Registrar via email to registrar@usfca.edu or fax.

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

USF Student ID or Social Security Number

Date of Birth (Month, Day, Year)

Current Last Name

Current First Name

Middle Initial

Gender: Male _____ Female _____

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

Please complete **ONLY** the information that you want changed.

** All Name, DOB, SSN and gender changes must be accompanied by documentation (Driver's License, SSN card, or Court Decree)*

New Social Security Number

New Date of Birth (Month, Day, Year)

New Last Name

New First Name

Middle Initial

Gender: Male _____ Female _____

Student Signature: _____

Date: _____

PART III: APPROVAL

Office of the University Registrar
2130 Fulton Street
LMM 217
San Francisco, CA 94117
Phone (415) 422-7260 Fax (415) 422-6329
registrar@usfca.edu

Date

Date Entered