University of San Francisco  School of Law

CHANGE OF PERSONAL DATA FORM

To change your personal data please submit:

1. A government-issued photo ID (in person), or if unavailable in person, a notarized*, color copy of a government-issued photo ID, and

2. An official, original (or notarized* form) of one of the following documents:
   - Birth Certificate
   - Marriage License issued by a county or city clerk
   - Divorce Decree from a court of law
   - Court ordered name change
   - Social Security Card

*Please note that the notary must document that he/she inspected an original document, made a copy of it, and notarized it (for both the government ID and the proof of name change). Without that notation, we will not be able to process the request.

Please submit these forms to the Law Registrar’s Office (in person) or via mail to:

Office of the Law Registrar
University of San Francisco School of Law
2199 Fulton Street
Kendrick Hall, 220
San Francisco, CA  94117

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

__________________________________________  __________________________________________  __________________________
Current (in our records) Last Name       Current (in our records) First Name       Middle Initial

__________________________________________
Current SSN (required)

______________________________  ______________________________
Student ID#:                      Birthdate (M/D/Y):

Gender:  □ Female  □ Male

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

- Please complete ONLY the information you want changed.

__________________________________________  __________________________________________  __________________________
New Last Name       New First Name       New M. Initial

__________________________________________
New SSN #       New Birthdate (M/D/YR)

New Gender:  □ Female  □ Male

Student Signature: ____________________________  Date: ____________________________

Law Registrar Staff:
Received: ____________________________  Initial when completed: __________  Date Entered: __________

Official document type: ____________________________  Copy made: ____________________________