



Boston University | Office of the University Registrar  
 881 Commonwealth Avenue | Boston, MA 02215  
 617.353.3612 | registrar@bu.edu

# Personal Data Update Form

Use this form to update portions of your Boston University record.

Students who wish to change their name as it is displayed on Boston University records must submit this form along with documentation of a legal name change such as a court approval of name change, marriage certificate, divorce decree, or naturalization papers to the mailing or email address above.

School of Medicine MD students must return this form to 72 East Concord Street, Room A414.

International students must report citizenship or visa code changes to the International Students and Scholars Office.

Boston University recognizes that there are many expressions of gender identity, however we must retain only the legal (binary male/female) sex and legal name of our students for University records and Federal reporting. Please update your directory release information should you wish to restrict the release of your legal name or other directory information. More information can be found at: [www.bu.edu/reg](http://www.bu.edu/reg).

Review following page for FERPA and Directory Restriction Information

| EXISTING STUDENT INFORMATION |  |                          |                      |  |
|------------------------------|--|--------------------------|----------------------|--|
| <b>Last Name</b> _____       | <b>First Name</b> _____  | <b>Middle Name</b> _____ |                      |  |
| <b>Date of Birth</b> _____   | <b>Legal Sex</b> Female <input type="checkbox"/> Male <input type="checkbox"/> | <b>BUID</b> _____        | <b>College</b> _____ |  |

| NEW STUDENT INFORMATION             |  |                             |  |  |
|-------------------------------------|--|-----------------------------|--|--|
| <b>Last Name</b> _____              | <b>First Name</b> _____  | <b>Middle Name</b> _____    |  |  |
| <b>Date of Birth</b> _____          | <b>Legal Sex</b> Female <input type="checkbox"/> Male <input type="checkbox"/> |                             |  |  |
| <b>Email</b> _____                  | <b>Phone</b> _____   | <b>BU Alert Phone</b> _____ |  |  |
| <b>Permanent Home Address</b> _____ |  |                             |  |  |
| <b>City</b> _____                   | <b>State</b> _____   | <b>Zip</b> _____            | <b>Country</b> _____                           |  |
| <b>Local Address</b> _____          |  |                             | <i>Residence while attending classes at BU</i> |  |
| <b>City</b> _____                   | <b>State</b> _____   | <b>Zip</b> _____            |  |  |
| <b>Emergency Contact</b> _____      | <b>Relation</b> _____  | <b>Phone</b> _____          |  |  |

| AUTHORIZATION   |                   |
|---|-------------------|
| Please sign below to acknowledge that the information you have entered above is your legal personal information. This form must be accompanied by legal documents supporting the requested changes. |                   |
| <b>Student Signature</b> _____  | <b>Date</b> _____ |