

Boston University | Chobanian & Avedesian School of Medicine | Graduate Medical Sciences 72 E. Concord Street, L309 | Boston, MA 02118 | GMSRegistrar@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.

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/req.

Review following page for FERPA and Directory Restriction Information

| EXISTING STUDENT INFORMATION | | | |
|------------------------------|------------------------|--------------|---|
| Last Name | First Name | | Middle Name |
| Date of Birth | _ Legal Sex Female [|] Male [] BI | UID College |
| NEW CTUDENT INFORMATION | | | |
| NEW STUDENT INFORMATION | | | |
| Last Name | First Name | | Middle Name |
| Date of Birth | Legal Sex Female Male | | |
| Email | Phone | | BU Alert Phone |
| Permanent Home Addre | | | |
| | | | Country |
| Local Address | | | Residence while attending classes at BU |
| City | State | Zip | <u> </u> |
| Emergency Contact | | Relation _ | Phone |
| | | | |
| AUTHORIZATION | | | |
| | | | ve entered above is your legal personal nts supporting the requested changes. |
| Student Signature | | | Date |