



Personal Information Update Form

Office of the Registrar
DuBourg Hall, Rm. 22
221 N. Grand Blvd
St. Louis, MO 63103

SAINT LOUIS
UNIVERSITY

Please Print to Ensure Accurate Entry

Phone: (314) 977 2269
Fax: (314) 977 3447
E-Mail: registrar@slu.edu

Current Identifying Information

Required

Name: _____
(Last Name, First, Middle)

SLU ID # _____ Date of Birth ____/____/_____
(9 digit number on ID Card) (Month, Day, Year)

Change of Name

Please provide proof of the name change; Marriage License, State Issued ID, SSN Card, or Other Legal Document

Change

New / Corrected Name: _____
(Last Name, First, Middle)

Salutation: Previous: _____ New / Corrected: _____
(Miss, Mrs., Etc)

Change / Correction of Social Security Number / Date of Birth

Please provide copy of SSN card or Birth Certificate

Change

Social Security # _____ - _____ - _____ Date of Birth ____/____/_____
(Month, Day, Year)

Change / Correction of Biographical Information

Check the Appropriate Box Adjacent to the Designations in Each Area

Change

Citizenship:

- US Citizen
- Non-US Citizen

Please Provide Documentation

Marital Status

- Divorced Separated
- Life Partnered Single
- Married Widowed
- Prefer Not to Respond

Gender:

- Female
- Male

Ethnicity:

- African American / Non-Hispanic
- American Indian / Alaska Native
- Asian / Pacific Islander
- Hispanic White
- Prefer Not to Respond
- Other: _____

Religious Affiliation:

- Baptist
- Episcopal
- Jewish
- Lutheran
- Methodist
- Muslim / Islamic
- Presbyterian
- Roman Catholic
- Other Protestant
- No Preference
- Other: _____

Signature: _____ Date: _____