



**SAINT LOUIS UNIVERSITY™**  
EST. 1818

# Personal Information Update Form

Office of the Registrar  
DuBourg Hall, Room 22  
One Grand Boulevard  
Saint Louis, MO 63103  
Phone: (314) 977 2269  
Fax: (314) 977 3447  
E-Mail registrar@slu.edu

Please Print Clearly or Enter Fields Electronically to Ensure Accurate Entry

Please complete the **Current Identifying Information** section of this form and the section(s) in which contain information you desire to have changed.

Required	<b>Current Identifying Information</b>	
	Name: _____ <i>Last Name, First Name, Middle Initial</i>	
	SLU ID Number: _____ <i>Below Picture on Student ID Card</i>	Date of Birth: ____ / ____ / ____ <i>Month / Day / Year</i>

Change <input type="checkbox"/>	<b>Change of Name</b>	
	New/Correct Name: _____ <i>Last Name, First Name, Middle Initial</i>	
	Salutation:      Previous _____      New: _____ <i>Miss, Mrs., Mr., Etc.</i>	
	<i>Please provide a valid proof of the name correction; State Issued ID, Marriage License, Social Security Card, Etc.</i>	

Change <input type="checkbox"/>	<b>Change/Correction of Social Security Number or Date of Birth</b>	
	Social Security #: ____ - ____ - _____      Date of Birth: ____ / ____ / ____	

Change <input type="checkbox"/>	<b>Change/Correction to Biographical Information</b>		
	Check the Appropriate Box Adjacent to the Designations in Each Area		
	<b>Citizenship</b> <input type="checkbox"/> US Citizen <input type="checkbox"/> Non-US Citizen <i>Please provide proof of change</i>	<b>Gender</b> <input type="checkbox"/> Female <input type="checkbox"/> Male	<b>Religious Affiliation</b> <input type="checkbox"/> Baptist <input type="checkbox"/> Episcopal <input type="checkbox"/> Jewish <input type="checkbox"/> Lutheran <input type="checkbox"/> Methodist <input type="checkbox"/> Muslim / Islamic <input type="checkbox"/> Presbyterian <input type="checkbox"/> Roman Catholic <input type="checkbox"/> Other Protestant <input type="checkbox"/> No Preference <input type="checkbox"/> Other: _____
	<b>Marital Status</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Life Partnered <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Prefer Not to Respond <i>Please provide proof of change</i>	<b>Ethnicity</b> <input type="checkbox"/> African American / Non-Hispanic <input type="checkbox"/> Native American / Alaska Native <input type="checkbox"/> Asian / Pacific Islander <input type="checkbox"/> Hispanic <input type="checkbox"/> White <input type="checkbox"/> Prefer Not to Respond <input type="checkbox"/> Other: _____	

Signature: _____	Date: ____ / ____ / ____
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