



Biographical Information Changes

LSAC account #: _____

Name as currently listed on LSAC account: _____

Complete only the sections below that you wish to change.

Name as it should now appear on your LSAC account:

First/given name: _____

Middle initial: _____

Last name/family name/surname: _____

Previous last name(s): _____

Social Security number/Social Insurance number as it should now appear on your LSAC account:

Birth date as it should now appear on your LSAC account (MM/DD/YYYY):

Full signature (please print out this form and sign): _____

Today's date: _____

Please allow 3–5 business days from receipt of your request for processing. Please include a copy of your government-issued ID and Social Security card or confirmation of SIN letter (if changing your SSN/SIN) for verification purposes. Unfortunately, we will not be able to process your request without supporting documentation. Please scan and email the completed form and copy of your ID items to LSACbio@LSAC.org.