



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/family/surname:

Previous last name(s):

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

Birthdate 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 to 5 business days from receipt of completed request for processing. **YOUR FULL SIGNATURE ON THIS FORM AND A COPY OF YOUR ID IS MANDATORY FOR PROCESSING. REQUESTS RECEIVED WITHOUT YOUR SIGNATURE OR COPY OF YOUR ID WILL NOT BE PROCESSED.**

Attach and email the completed form and a copy of your ID to LSACbio@LSAC.org or fax to 215.968.1119 or mail to

Law School Admission Council
Box 2000-C
Newtown, PA 18940-0994