



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: _____

When submitting your request, please include a PDF scan of: (1) your signed and completed Biographical Information Changes form; (2) your government-issued ID; and (3) your Social Security card or confirmation of SIN letter (if requesting a change to your SSN/SIN). Send the scanned documents via email to LSACbio@LSAC.org. Please allow 3–5 business days from receipt of your request for processing.