



Boston University | Office of the University Registrar
 881 Commonwealth Avenue | Boston, MA 02215
 617.353.3612 | registrar@bu.edu

Personal Data Update Form

Use this form to update portions of your Boston University record.

Students who wish to change their name as it is displayed on Boston University records must submit this form along with documentation of a legal name change such as a court approval of name change, marriage certificate, divorce decree, or naturalization papers to the mailing or email address above.

School of Medicine MD students must return this form to 72 East Concord Street, Room A414.

International students must report citizenship or visa code changes to the International Students and Scholars Office.

Boston University recognizes that there are many expressions of gender identity, however we must retain only the legal (binary male/female) sex and legal name of our students for University records and Federal reporting. Please update your directory release information should you wish to restrict the release of your legal name or other directory information. More information can be found at: www.bu.edu/reg.

Review following page for FERPA and Directory Restriction Information

EXISTING STUDENT INFORMATION				
Last Name _____	First Name _____	Middle Name _____		
Date of Birth _____	Legal Sex Female <input type="checkbox"/> Male <input type="checkbox"/>	BUID _____	College _____	

NEW STUDENT INFORMATION				
Last Name _____	First Name _____	Middle Name _____		
Date of Birth _____	Legal Sex Female <input type="checkbox"/> Male <input type="checkbox"/>			
Email _____	Phone _____	BU Alert Phone _____		
Permanent Home Address _____				
City _____	State _____	Zip _____	Country _____	
Local Address _____		<i>Residence while attending classes at BU</i>		
City _____	State _____	Zip _____		
Emergency Contact _____	Relation _____	Phone _____		

AUTHORIZATION	
Please sign below to acknowledge that the information you have entered above is your legal personal information. This form must be accompanied by legal documents supporting the requested changes.	
Student Signature _____	Date _____



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Directory Information Restriction Form

Use this form to manage public access to your data at Boston University.

The Family Educational Rights and Privacy Act (FERPA) protects the privacy of your education records and restricts disclosure of personal information from your education records, except as authorized by law. For information on Boston University's FERPA policy, please refer to the Registrar's Office website at www.bu.edu/reg/ferpa/ferpa-policy.

The University has designated certain types of personally identifiable information as "Directory Information." A list of this information is below. Unless restricted, Boston University may disclose any of the items of Directory Information without your consent.

Boston University will not release grades or GPA information without your prior consent. In addition, Boston University does not provide student lists outside the University for purposes of marketing.

Any and all data that you restrict below will not be released outside the University.

If you wish to restrict the release of your Directory Information, you may do so by using the Student Link, by completing the information below, or by visiting the Office of the University Registrar.

Last Name _____ **First Name** _____ **BUID** _____

- Academic Program (Degree, Major, Minor)**
If restricted, this information will not be released to anyone outside BU.
- Commencement Program**
If restricted, your name, college, degree and honors will not appear in the Commencement Program when you graduate.
- Dates of Attendance, Full/Part-time Status**
If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.
- Degrees, Honors, and Awards Received**
If restricted, this information will not be released to anyone outside BU, including insurance providers and employers.
- Email Directory Lookup**
If restricted, your email address will not be listed in the BU on-line directory.
- Local Address and BU Directory Phone Number**
If restricted, this information will not be listed in the BU online directory nor printed in the BU phone book.
- School or College**
If restricted, this information will not be released to anyone outside BU.
- Bostonia Yearbook**
If restricted, your name will not appear in the BU Yearbook when you graduate.

Please sign below to acknowledge that the information you have entered above is your legal personal information. This form must be accompanied by legal documents supporting the requested changes.

Student Signature _____ **Date** _____