



UNIFORMED SERVICES UNIVERSITY OF THE HEALTH SCIENCES

4301 JONES BRIDGE ROAD BETHESDA, MARYLAND 20814-4799



**The Office of the University Registrar
Change of Student Personal Information Form**

Name: _____
 Empower ID #: _____ (If unknown, leave
 blank) Date of Birth: _____
 Email Address: _____

Currently Attending USU as a student? Yes No

Academic program while in attendance at USU? _____

Change Action:

Old Information:	New Information:

 Signature Date

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- **ALL forms must be submitted using official USUHS email to registrar@usuhs.edu**
1. For service members, please submit official documentation provided by the member's service to support legal name changes. Civilians should submit documentation/ verification from CHR that your name change has been processed.
 2. Any student not physically located at the Bethesda, MD location should coordinate with his/her respective Military Personnel Office or Civilian Human Resources and submit appropriate documentation once completed for update in the Student Information System.
 3. All appropriate persons will be notified by email when a change has been processed by the OUR.

Please submit this completed and signed to The Office of the University Registrar at registrar@usuhs.edu.
 The OUR will not accept a form that is not signed.

Learning to Care for Those in Harm's Way

OUR-1105P

OUR Received: _____
 OUR Process Date in SIS: _____