



STUDENT INFORMATION			
Student Name: As it currently appears		Date:	
Telephone:		Track:	

NEW INFORMATION

Check the item(s) you wish to change or correct:

Date the Below Changes Become Effective: _____

New First Name: _____

New Last Name: _____

Name changes must be accompanied by a copy of an appropriate legal document such as a court decree or social security card showing the new name.

Address

Number, Street: _____ Apartment number: _____

City, State: _____ Zip code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Social Security Number: _____

Date of Birth: _____

Gender: Female Male

Check the items you wish to change or correct.
Print the new information, sign your name and return
the form to the Registrar's Office at
registrar@pacifica.edu or fax **805.565.3804**.

**Name changes must be accompanied by a copy of
an appropriate legal document such as a court
decree or social security card showing the new
name.**

Revised 6/2016

Required Signatures:

Student Date

Registrar Date