



STUDENT INFORMATION			
Student Name: As it currently appears		Date:	
Student ID number:		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: _____

A copy of an appropriate legal document such as a court decree or social security card showing the new name must accompany name changes.

Address

Number, Street: _____ Apartment number: _____

City, State: _____ Zip code: _____

Home Phone: _____

Work Phone: _____

Cell Phone: _____

Social Security Number: _____

Date of Birth: _____

Gender: Female Male Other _____

Instructions:

Check the items you wish to change or update. Clearly 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**.

A copy of an appropriate legal document such as a court decree or social security card showing the new name must accompany name changes.

Revised 8/2019

Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.

Student Date

I certify that my typed name is my authorized signature

Registrar Date