



STUDENT INFORMATION			
Student Name:		Date:	
Student ID Number:		Track:	

**DECLARATION & AUTHORIZATION INFORMATION**

I, \_\_\_\_\_, give the Admissions Office, Financial Aid Office, Student Accounts, IT Department, Library, and Registrar's Office permission to discuss any and all matters regarding my attendance at Pacifica Graduate Institute with the person(s) listed below. I understand that this permission will remain in effect until I provide written notice to rescind the authorization.

**Person(s) authorized to receive student information**

Name, Address and contact information

First and Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Number, Street: \_\_\_\_\_  
 City, State and Zip: \_\_\_\_\_  
 Phone & Email: \_\_\_\_\_

Name, Address and contact information

First and Last Name: \_\_\_\_\_  
 Relationship: \_\_\_\_\_  
 Number, Street: \_\_\_\_\_  
 City, State and Zip: \_\_\_\_\_  
 Phone & Email: \_\_\_\_\_

Please complete and submit this form to the Registrar's Office at fax: 805.565.3804 or [Registrar@pacifica.edu](mailto:Registrar@pacifica.edu)

This permission will remain in effect until written notice is received from the student to rescind this authorization.

Revised 8/2023

**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

Note in Student Record/Date: \_\_\_\_\_

Admin Dept. Notified/Date: \_\_\_\_\_