



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

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

Revised 8/2024

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

RO rcvd date: _____
 Note in Student Record/Date: _____

Admin Dept. Notified/Date: _____