



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

NEW INFORMATION	
<p><b>Check the item(s) you wish to change or correct:</b></p> <p><b>Date the Below Changes Become Effective:</b> _____</p> <p><input type="checkbox"/> New First Name: _____</p> <p><input type="checkbox"/> New Last Name: _____</p> <p><b>A copy of an appropriate legal document such as a court decree or social security card showing the new name must accompany name changes.</b></p> <p><input type="checkbox"/> Preferred Name (name by which you'd like to be addressed): _____</p> <p><input type="checkbox"/> Address</p> <p style="margin-left: 20px;"><input type="checkbox"/> Number, Street: _____ <input type="checkbox"/> Apartment number: _____</p> <p style="margin-left: 20px;"><input type="checkbox"/> City, State: _____ <input type="checkbox"/> Zip code: _____</p> <p><input type="checkbox"/> Home Phone: _____</p> <p><input type="checkbox"/> Work Phone: _____</p> <p><input type="checkbox"/> Cell Phone: _____</p> <p><input type="checkbox"/> Social Security Number: _____</p> <p><b>A copy of your social security card is required for updates</b></p> <p><input type="checkbox"/> Date of Birth: _____</p> <p><input type="checkbox"/> Gender: Female <input type="checkbox"/> Male <input type="checkbox"/> Other <input type="checkbox"/> _____</p>	

**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](mailto: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 8/2024

**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