



STUDENT INFORMATION			
Student Name:		Date:	
Program:		Track:	

AUTHENTICATION INFORMATION	
<p>Student Section:</p> <p>I attest that I am the person whose name is stated on this form and that I am requesting my student identification number.</p> <p>Print Name: _____</p> <p>Signature: _____ I certify that my typed name is my authorized signature</p> <p>Phone Number: _____</p> <p>Address (Street, City, State) while at Pacifica: _____</p>	<p>Directions:</p> <p><input type="checkbox"/> Print Form</p> <p><input type="checkbox"/> Provide printed name (as it appears on your records), phone and address</p> <p><input type="checkbox"/> Provide signature</p> <p><input type="checkbox"/> Provide phone number to contact you with your identification number</p> <p><input type="checkbox"/> Provide address information from your time at Pacifica</p> <p><input type="checkbox"/> Fax 805.565.3804 or scan/email registrar@pacifica.edu this form to the Registrar's Office (from your My.Pacifica.edu Student email account)</p>

This student identification form is intended as a method of last resort to authenticate student identity if a student does not know their Pacifica Student Identification Number or has lost their Pacifica Student Identification Card.

The authentication process can take up to five business days.

Revised 8/2024

Required Signature:

Registrar Date

RO rcvd date: _____

Confirmed Signature/Information

Contacted Student _____

Student ID Number _____