



PACIFICA
GRADUATE INSTITUTE

Student Data Change Form

STUDENT INFORMATION

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

NEW INFORMATION

Check the item(s) you wish to update 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.

☐ Preferred Name (name by which you'd like to be addressed): _____

☐ Address

☐ Number, Street: _____ ☐ Apartment number: _____

☐ City, State: _____ ☐ Zip code: _____

☐ Home Phone: _____

☐ Work Phone: _____

☐ Cell Phone: _____

☐ Social Security Number: _____

A copy of your social security card is required for updates

☐ 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 8/2025

Required Signatures: If emailing form, students 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 _____