

## Student ID Number Request Form

STUDENT INFORMATION				
Student Name:		Date:		
Program:		Track:		
•				
AUTHENTICATION INFORMATION				
Student Section:		Directions:		
I attest that I am the person whose name is stated on this form and that I am requesting			☐ Print Form	
my student identification number. $\Box$		J	Provide printed name (as it appears on your Pacifica records), phone and address	
Print Name:		Provide signature		
Signature:			Provide phone number to contact you with your student ID number	
Phone Number while at Pacifica:			Provide address information while attending Pacifica	
Address (Street, City, State) while at Pacifica:			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)		
a method of last resort to authenticate student identity if a student does not know their  Pacifica Student Identification Number or has		Req	equired Signature:	
		Regis	strar Date	
The authentication process can take up to five business days.			Confirmed Signature/Information Contacted Student Student ID Number	
Revised 8/2025 S		Stud		