



PACIFICA
GRADUATE INSTITUTE

FERPA Release Form

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 related to my enrollment 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 10/2025

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: _____