

## CHANGE OF STUDENT INFORMATION

Please return your completed form and any supporting documents to **registraroffice@pacificoaks.edu** for processing. Note that incomplete or illegible information may delay or prevent changes from occurring.

### SECTION I: STUDENT INFORMATION

Name (as it appears in our records):		Student ID:	
Campus: <b>Select</b>		Last term attended:	
Current/Former Academic Program Information:			
Current/Former School (Please Select):	<b>Select</b>		
Current/Former Degree Level (Please Select):	<b>Select</b>		

### SECTION II: CHANGE OF CONTACT INFORMATION

*Current students may also manage this information online through their student gateway account.*

Address:		City:	
State:	Zip Code:	Preferred Phone:	
Personal Email:			

### SECTION III: CHANGE OF NAME/SOCIAL SECURITY NUMBER

*If requesting a name change, please present one of the following documents as proof of your identity:*

- Court order
- Driver's license
- Marriage/divorce certificate
- Copy of Social Security Card (**REQUIRED** for change of SSN) **New SSN:**

Last:	First:	MI:	
-------	--------	-----	--

### SECTION IV: STUDENT SIGNATURE

**I certify that the information above is true and correct.**

Student Signature:

### SECTION V: PROCESSING (For Registrar use ONLY)

Signature:	Date Received:	Date Processed:	
------------	----------------	-----------------	--