

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:	Last term attended:	
Current/Former Academic Program Information:		
Current/Former School (Please Select):		
Current/Former Degree Level (Please Select):		

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:
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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:
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