REQUEST FOR CHANGE OF NAME

Use this form to change your name on official records. Complete the form, attach required documents and submit according to the instructions below:

**University Employees:** Pacific Employees must bring this completed form and a copy of your Social Security Card with correct name to the Human Resources Office (Computer Center Building) to be processed.

**Current/Former Students:** Bring this completed form along with required documents to the Office of the Registrar, Knoles Hall, 1st Floor.

change Name to: ______________________________________________________________

Former Name: ______________________________________________________________

Student ID: ______________________            Birth Date: ___________________________

Email: ________________@pacific.edu            Telephone: (          )______________

Reason for name change_________________________________________________________________

_____________________________________________________________________________________

Signature: _________________________________________  Date: ________________

I hereby request that my name be changed on the academic records of the University of the Pacific, Stockton Campus.

Note: If you are a current degree applicant and would prefer that your new name appear on your diploma, please check here. Otherwise, your diploma will be issued with the name given on the degree application.

For Office Use Only

Documentation Attached:

Drivers License        Marriage        Court Order

Divorce        Other:__________________________________

Copies sent to:

Advancement

Pharmacy Student Affairs (Pharmacy Students ONLY)

Updated 3/16/2007