



## NAME CHANGE FORM

Due to reporting requirements, your name in our records must match the name shown on your Social Security card. Please submit a copy of your Social Security card with this form. International students without a Social Security card may provide a passport copy.

Name currently in Pacific's records: \_\_\_\_\_

Date: \_\_\_\_\_

Student ID#: \_\_\_\_\_ or SSN: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_

You may submit this form and your documentation in one of three ways:

Email: [registrar@pacificu.edu](mailto:registrar@pacificu.edu)

Fax: 503-352-2950. Please confirm receipt of your fax by calling 503-352-2793.

Mail: Registrar's Office  
Pacific University  
2043 College Way  
Forest Grove, OR 97116