



STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track:	

TRANSCRIPT RECIPIENT INFORMATION	
<p>Please send official transcripts to the following recipient(s): Transcript requests may be submitted to the Registrar's Office by mail, fax (805.565.3804), or email registrar@pacifica.edu</p>	
<u>Name/Institution of Recipient</u>	<u>Address of Recipient</u>
1. _____ Number of copies _____	<input type="checkbox"/> Address Number, Street: _____ City, State: _____ Zip code: _____
2. _____ Number of copies _____	<input type="checkbox"/> Address Number, Street: _____ City, State: _____ Zip code: _____

<p>Students must be cleared with the Student Accounts Office & Dissertation Office before official transcripts will be released.</p> <p>Current Students: there is no charge for official transcripts.</p> <p>Former Students/Graduates: \$4 fee per transcript.</p> <p>I wish to pay: <input type="checkbox"/> Check <input type="checkbox"/> Credit Card Visa/MasterCard Number: _____ Expiration Date: _____ Three Digit Code: _____</p>	<p>Required Signatures:</p> <p>_____ Student Date</p> <p>_____ Registrar Date</p> <p>Revised 6/2016</p>
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