PACIFICA GRADUATE INSTITUTE

Transcript Request Form

STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track:	

TRANSCRIPT RECIPIENT INFORMATION

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

Name/Institution of Recipient **Address of Recipient**

1. _____
   Number of copies _____
   ☐ Address
   Number, Street: _____
   City, State:_____
   Zip code: _____

2. _____
   Number of copies _____
   ☐ Address
   Number, Street: _____
   City, State:_____
   Zip code: _____

3. BBS Certification _____

Students must be cleared with the Student Accounts Office & Dissertation Office before official transcripts will be released.

Current Students: there is no charge for official transcripts.

Former Students/Graduates: $4 fee per transcript.

I wish to pay:
☐ Check
☐ Credit Card
Visa/MasterCard Number:
_____
Expiration Date: _____
Three Digit Code:_____

Required Signatures:

_____ _____
Student Date

_____ _____
Registrar Date

Revised 7/2017