



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: _____
3. BBS Certification _____	

<p>Current Students: there is no charge for official transcripts.</p> <p>Former Students/Graduates: \$4 each.</p> <p>Payment can be made by check or credit card. Please contact Rob Case at 805.679.6198 or rcase@pacifica.edu</p>	<p>Required Signatures: If emailing form, student must submit this form from their My.Pacifica.edu student email account.</p> <p>_____ Student Date</p> <p><input type="checkbox"/> I certify that my typed name is my authorized signature</p> <p>_____ Registrar Date</p> <p>Revised 8/2022</p>
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