



STUDENT INFORMATION			
Student Name:		Date:	
Telephone:		Track:	

TRANSCRIPT RECIPIENT INFORMATION	
<p><b>Please send official transcripts to the following recipient(s):</b>            Transcript requests may be submitted to the Registrar's Office by mail, fax (805.565.3804), or email registrar@pacifica.edu</p>	
<b><u>Name/Institution of Recipient</u></b>	<b><u>Address of Recipient</u></b>
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. <b>BBS Certification</b> _____	

<p><b>Current Students:</b> there is no charge for official transcripts.</p> <p><b>Former Students/Graduates:</b> \$4 each for official transcripts.</p> <p><b>Payment can be made by check or credit card. Please contact Rob Case at 805.679.6198 or rcase@pacifica.edu</b></p>	<p><b>Required Signatures:</b> If emailing form, student must submit this form from their My.Pacifica.edu student email account.</p> <p>_____ Student <span style="float: right;">Date</span></p> <p><input type="checkbox"/> I certify that my typed name is my authorized signature</p> <p>_____ Registrar <span style="float: right;">Date</span></p> <p>Revised 8/2024</p>
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