



**PACIFICA**  
GRADUATE INSTITUTE

# Transcript Request Form

## STUDENT INFORMATION

Student Name:		Date:	
Telephone:		Program:	

## 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: \_\_\_\_\_  
Email: \_\_\_\_\_

2. \_\_\_\_\_  
Number of copies \_\_\_\_\_

☐ Address  
Number, Street: \_\_\_\_\_  
City, State: \_\_\_\_\_  
Zip code: \_\_\_\_\_  
Email: \_\_\_\_\_

**Current Students:** there is no charge for official transcripts.

**Former Students/Graduates:** \$4 each for official transcripts.

**Payment can be made by check or credit card. Please contact Rob Case at 805.679.6198 or rcase@pacifica.edu**

#### Required Signatures:

Student \_\_\_\_\_ Date \_\_\_\_\_  
☐ I certify that my typed name is my authorized signature

Registrar \_\_\_\_\_ Date \_\_\_\_\_

Revised 8/2025