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 Registrar Coordinator at 805-679-6198 or registrar@pacifica.edu

Required Signatures:

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

_____ _____
Registrar Date

Revised 8/2026