

OFFICIAL TRANSCRIPT REQUEST

TO THE APPLICANT: After completing all the relevant questions below, give this form to a counselor who can attest to your academic ability.

First Name Middle Name Last Name

Address

City State ZIP/Postal Code

Date of Birth (mm/dd/yyyy) Social Security Number (optional)

Email Address Approximate Dates of Attendance or Year of Graduation

I authorize all secondary schools I've attended to release all requested records and authorize review of my application for the admission process indicated on this form.

Applicant Signature Date

TO THE COUNSELOR: In order to make a final decision on this student's application, we need your help in completing this evaluation. Only after this evaluation is complete can we provide this student a quick admission decision. Please complete the information below and mail it, along with an official transcript and any other recommendation materials or letters, to **University of the Pacific Office of Admission, 3601 Pacific Avenue, Stockton, CA 95211, or you can fax the information to 209.946.2413.** Thank you for your prompt assistance!

Name Title

School Name and Address CEEB/ACT Code

City State Country ZIP/Postal Code

Phone Email Address

- I highly recommend this student.
- I recommend this student with reservation (please explain below).
- I recommend this student.
- I withhold a recommendation (please explain below).

