Official Transcript Request Form

Professional Development Courses

Pacific Student ID: __988___ - _____ - _____

Social Security No.: _____ - _____ - _____

Please Print

Name: _____
Last First Middle

_____
Name while at Pacific (if different)

Current Address: _____
Street address

_____
Area code/ phone number

_____
City State Zip

_____
Email address

Please Send To:

(1) ATTN: _____

See fees below
- ☐ Regular
- ☐ Rush
- ☐ Overnight

Name of Office: _____

Street Address: _____

City/State/Zip: _____

(2) ATTN: _____

See fees below
- ☐ Regular
- ☐ Rush
- ☐ Overnight

Name of Office: _____

Street Address: _____

City/State/Zip: _____

List the most recently completed courses that should appear on this transcript.

Course No.	Course Name
_____	_____
_____	_____
_____	_____

I authorize the release of my professional development record:

_____ Date _____ Signature

TRANSCRIPT FEE(S):

Regular—$5.00 each

Allow 5-10 business days.

Rush—$15.00 for one, $5.00 for each additional to same address. Will be mailed out the same day. *Must be received by 10 am.*

Overnight—$25.00 for one, $5.00 for each additional to same address.

Must be received by 10 am.

Please make check or money order payable to: **University of the Pacific**

MAIL REQUEST FORM TO:

Office of the Registrar
University of the Pacific
3601 Pacific Avenue
Stockton, CA 95211

Do Not Send Cash.

FOR OFFICE USE ONLY

Mailed _____ Paid _____

06/29/07