

# Request for Documentation

## Office of the Registrar

### Current Students

Name: \_\_\_\_\_

Email Address:

Your class: DDS, IDS, AEGD, EN, OR, OS Class Year: \_\_\_\_\_ Pacific ID (989): \_\_\_\_\_

(circle one)

#### I HEREBY REQUEST THE FOLLOWING:

- Transcripts:
- Official (number requested\*: \_\_\_\_\_ )
  - Hold for degree posting (graduating students)
  - Hold for term grades
- Other:  See attached form  
 \_\_\_\_\_

**\*(Official transcripts CANNOT be faxed or scanned and emailed.)**

- Enrollment Status Verification Letter
- \*(Enrollment verification certificates can be obtained in real time by clicking on the National Student Clearinghouse box on Inside Pacific.)**

#### ISSUING OPTIONS:

- Mail to** (if different from Address to section):

**Address to** (required for all letters):

\_\_\_\_\_  
*Name of organization/company/person*

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*Name of organization/company/person*

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City, State, Zip Code*

- Fax to: ( \_\_\_\_\_ ) \_\_\_\_\_
- Scan and Email to: \_\_\_\_\_ @ \_\_\_\_\_
- Student Pick-Up - You will be notified by email when the documentation is ready.

Attn: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Please deliver, email, or fax this completed form to: University of the Pacific

If you have any questions:  
Telephone: 415-929-6461

Office of the Registrar  
155 Fifth Street  
San Francisco, CA 94103  
Fax: 415-400-8498  
Email: [sfregistrar@pacific.edu](mailto:sfregistrar@pacific.edu)

\*Note: First 10 transcripts are at no charge. 11 or more are \$5.00 each.  
Send check and request form to the University of the Pacific.

*For office use only:*  
Completed on: \_\_\_\_\_  
Initial: \_\_\_\_\_  
Student notified: \_\_\_\_\_

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