

**Request for Documentation**  
**Office of the Registrar**  
**Alumni**

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

Your class: DDS, IDS, AEGD, EN, OR, OS Class Year: \_\_\_\_\_  
(circle one)

Graduation name, if different from above \_\_\_\_\_

Social Security Number (last 6 digits only) \_\_\_\_\_

---

**I HEREBY REQUEST THE FOLLOWING:**

- |   |  |
|---|--|
| <input type="checkbox"/> Transcripts:<br><input type="checkbox"/> Official (number requested*: _____ )<br><small>(Official transcripts cannot be faxed or scanned &amp; emailed.)</small> | <input type="checkbox"/> Graduation Verification Letter<br><input type="checkbox"/> See attached form<br><input type="checkbox"/> Other: _____ |
|---|--|

---

**ISSUING OPTIONS:**

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

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

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

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, State, Zipcode

\_\_\_\_\_  
City, State, Zipcode

Fax to: ( \_\_\_\_\_ ) \_\_\_\_\_

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

Scan & Email to:  Preferred Contact Email Address below

Other Email Address: \_\_\_\_\_

---

Preferred Contact Mode:  Phone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address: \_\_\_\_\_

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

---

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

**Please fax, mail, or email this completed form to:**

University of the Pacific  
Office of the Registrar  
155 Fifth Street  
San Francisco, CA 94103  
Fax: 415-400-8498 Email: 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: \_\_\_\_\_  
Alum notified: \_\_\_\_\_