



PACIFIC STATES UNIVERSITY

Transcript Request Form



NOTE: Release of this information is restricted under the Family Educational Rights
and Privacy Act of 1974, (Buckley Amendment)

Directions:

1. Fill out the form legibly and completely. Submit the form with payment (Visa, Master Card, or Check)
2. Allow five (5) working days for preparation of requested document(s). NOTE: Delays in processing may occur during both grading and registration periods.
3. No service will be given to a student whose financial obligations to Pacific States University have not been satisfied.
No exceptions.

STUDENT INFORMATION

Name: _____ (Last Name) (First Name) (Middle Name)		
NOTE: If you were enrolled under a different name, Please indicate former name.		
Former Name: _____ (Last Name) (First Name) (Middle Name)		
Student ID Number:	Degree & Major:	
Date of Birth: (Month / Day / Year)	Country of Birth:	Citizenship:
Current Address:	Mail to:	
Telephone #:		

Did you graduate from Pacific States University?	() Yes () No
If "yes," when did you graduate? (/ /)	Degree earned: ()
If "no," dates attended: From (/ /) To (/ /)	
Number of Copies Requested: () X \$10 per copy = \$ () Fee	
<i>* Expedited service (same day & pick up only) charge: Additional \$10</i>	
Method of Payment:	
() Personal check enclosed	
() Credit Card: ___ VISA or ___ MasterCard	
Credit card number: _____ expiration date ____/____	
() I will pick up document(s).	() Please mail document(s).

Student Signature: _____ Date Signed: _____

===== FOR OFFICE USE ONLY =====

Financial Affairs Officer:		Registrar:	
Balance Past Due:	\$	Recorded Date:	
Transcript Fee:	\$	Comments:	
Amount Paid:	\$	Receipt #:	
Approved by:		Approved by:	