



# 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.

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### STUDENT INFORMATION

Name: _____		
(Last Name)	(First Name)	(Middle Name)
<b>NOTE: If you were enrolled under a different name, Please indicate former name.</b>		
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 \$5 per copy = \$ ( ) Fee (* Next day service is \$15 per copy)	
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:	