



# Pacific College of Oriental Medicine

## Records Request Form (Submitted to the appropriate Registrar's Office)

**Chicago Campus**

65 East Wacker Place  
21st Floor  
Chicago, IL 60604  
773-477-4822  
773-477-4109 (fax)  
registrar-chi@pacificcollege.edu

**New York Campus**

19th Floor  
110 William Street  
New York, NY 10038  
212-982-3456  
212-982-6514 (fax)  
registrar-ny@pacificcollege.edu

**San Diego Campus**

7445 Mission Valley Road  
Suite 105  
San Diego, CA 92108  
619-574-6909  
619-574-6641 (Fax)  
registrar-sd@pacificcollege.edu

Date \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Previous Name \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Student ID (or last 4 digits) \_\_\_\_\_ Dates of Attendance \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_ @ \_\_\_\_\_

All transcripts and documentation requests are normally processed within 3 to 5 business days (8 to 10 days during busy times.) We do not participate or produce electronic transcripts. Each official transcript is \$5 per request. All financial obligations must be cleared before transcripts can be released.

**TRANSCRIPT REQUEST**

Student copy (unofficial)- \$0:  Mailed  Pick-up

Student copy (official) - \$5:  Mailed  Pick-up

Official Transcript for a closed college (mailed directly to school requesting. Please provide the delivery address below.)- \$5

Name of closed college \_\_\_\_\_

Official Sealed (mailed directly to school requesting. Please provide the delivery address below.)- \$5

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**HOLD FOR CURRENT TERM'S GRADES.**

**DOCUMENTATION REQUEST**

Mailed  Pick-up (you will be contacted when the request is processed.)

Copy of Immunization Records (NY only) - \$5

Documentation - \$5

Required licensure documentation for other states (except for CA, IL, NY)- \$15 per hour

Certified copy of documents within student's file: student- \$15; external request- \$30

**DUPLICATE DIPLOMA/CERTIFICATE. (Six to eight weeks for processing.) Select an option:**

Mailed  Pick-up

Associate/Bachelor/Master/Doctoral Diploma or Certificate- \$25

MSTOM/Massage Certificate (San Diego only)- \$0

Name or requested name on diploma/certificate \_\_\_\_\_

Degree/certificate awarded \_\_\_\_\_

Completion/graduation date or term \_\_\_\_\_

**PAYMENT METHOD**

Select an option:

Cash  Check or Money Order payable to: Pacific College of Oriental Medicine

Credit Card

VISA  MasterCard Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_ V-Code \_\_\_\_\_

I authorize Pacific College of Oriental Medicine to charge me \$ \_\_\_\_\_ to the credit card listed above.

**Signature and Date (required for release of records)**



# Pacific College of Oriental Medicine

**\*\*\*FOR OFFICE USE ONLY\*\*\***

## **Bursar**

Tuition/fees paid in full

Amount charged/collected \$ \_\_\_\_\_ Initials \_\_\_\_\_ Date: \_\_\_\_\_

## **Registrar's Office Approval and Date**

Certificate/Transcript Release Checklist:

Transcript in:  Hours (hours if contact hours)  Credits

Mailed Date Mailed \_\_\_\_\_

Pick-up Date Picked \_\_\_\_\_

Request Issuer/Order Initials \_\_\_\_\_ Date: \_\_\_\_\_