PACIFIC COLLEGE
of HEALTH AND SCIENCE

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

☐ **San Diego Campus**
Pacific College of Health and Science
7445 Mission Valley Road, Suite 105
San Diego, CA 92108
(619) 574-6909, (800) 729-0941
registrar-sd@pacificcollege.edu

☐ **New York Campus**
Pacific College of Health and Science
110 William Street, 19th Floor
New York, NY 10038
(212) 982-3456, (800) 729-3468
registrar-ny@pacificcollege.edu

☐ **Chicago Campus**
Pacific College of Health and Science
65 East Wacker Place, 21st Floor
Chicago, IL 60601
(773) 477-4822, (888) 729-4811
registrar-chi@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 licenser 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:**

Select an option:
☐ Cash ☐ Check or Money Order payable to: Pacific College of Health and Science
☐ Credit Card
☐ Visa ☐ MasterCard   Credit Card Number _____ Expiration Date _____ V-Code _____
I authorize Pacific College of Health and Science to charge me $ _____ to the credit card listed above.

Signature and Date (required for release of records)

Bursar

☐ Mailed 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_____