

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
transcripts-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

PLEASE USE UPPER CASE

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 _____@_____

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:

- Diploma \$50 Certificate \$25
 - 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)

FOR OFFICE USE ONLY

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 _____