



PACIFIC COAST UNIVERSITY, SCHOOL OF LAW

William J. Lewis, Dean

Founded 1927

TRANSCRIPT PROCESSING FORM

The following information is needed to process a transcript request. Please fill out the form, print the form, and mail it to PCU with the appropriate fees.

Student's Name: _____
Last Name First Name
(While attending PCU)

Social Security Number: _____

Year of Attendance/Graduation: _____

Address: _____
Street City State Zip Code

Daytime phone number: _____

Where do you want the sealed transcript sent?

Attention: _____

Address: _____
Street City State Zip Code

Student's signature _____ Date

Please mail this form with \$5.00 per transcript. Expedited requests are \$10.00 per transcript.

_____ Number of transcripts @ \$ _____ = _____

Please make checks payable to Pacific Coast University.