

CHURCH DIVINITY SCHOOL OF THE PACIFIC

TRANSCRIPT REQUEST FORM

1. Transcript requests must include the signature of the person whose record is being requested. Please print this form, complete it, and mail or fax it to the CDSP Registrar's Office.

By Mail:
Church Divinity School of the Pacific,
Margo Webster, Registrar,
2451 Ridge Rd.,
Berkeley, CA 94709-1217

By Fax:
510-204-0749

2. Please indicate the type of payment. **The fee is \$5.00 per transcript for former students. Transcripts will not be sent without payment.** There is no charge for currently enrolled students.

Method of Payment: _____ check – payable to C.D.S.P. (mailing address above)
_____ credit card*; type (Visa or MasterCard) _____
CC # _____ Expiry Date _____
Billing Address zip code: _____
Name as it appears on CC _____

* - We do not advise faxing or e-mailing credit card information. Please provide such information to the Registrar by phone (510-204-0753) or by surface mail.

3. Please indicate the *number* of transcripts and *where* they are to be sent.

To an institution or agency: Number: _____

Name of Institution: _____

Department or Person: _____

Address: _____

City, State, and Zip: _____

To me: Number: _____ Official _____ or Unofficial _____

Official transcripts mailed to students will be enclosed in a sealed envelope; unofficial transcripts will be marked "Issued to Student." Student Information:

For Current Students: Please send the transcript now _____ *or* hold request for final grades/degree _____

**Signature of the Person Making
the Request is Required:** _____

Date: _____

Contact information Name: _____

required: Address: _____

City, State, and Zip: _____

Telephone Number: _____

For further information, contact the Registrar at the above address, by telephone (510-204-0753), or by e-mail (mwebster@cdsp.edu).