

Request for Documentation
Office of Academic Affairs
Alumni

Name: _____

Your class: DDS, IDS, AEGD, EN, OR, OS Class Year: _____
(circle one)

Graduation name, if different from above _____

Social Security Number (last 6 digits only) _____

I HEREBY REQUEST THE FOLLOWING:

- | | |
|--|--|
| <input type="checkbox"/> Transcripts:
<input type="checkbox"/> Official (number requested*: _____)
<small>(Official transcripts cannot be faxed or scanned & emailed.)</small>
<input type="checkbox"/> Unofficial | <input type="checkbox"/> Graduation Verification Letter
<input type="checkbox"/> See attached form
<input type="checkbox"/> Other: _____
<small>(e.g.: Nitrous, HIV, Board Endorsement letters, etc.)</small> |
|--|--|

ISSUING OPTIONS:

Mail to (if different from Address to section):

Address to (required for all letters):

Name of organization/company/person

Name of organization/company/person

Address

Address

City, State, Zipcode

City, State, Zipcode

Fax to: (_____) _____

Attn: _____

Scan & Email to: Preferred Contact Email Address below

Other Email Address: _____

Preferred Contact Mode: Phone Number: (_____) _____

Email Address: _____

Signature: _____ Date: _____

If you have any questions:
Telephone: 415-929-6437

Please fax, mail, or email this completed form to:

University of the Pacific Arthur A. Dugoni School of Dentistry
Office of Academic Affairs
155 Fifth Street

Requests are processed within 24-48 hours of receipt.

San Francisco, CA 94103

Fax: 415-929-6616 Email: dental.academicaffairs@pacific.edu

*Note: First 10 transcripts are at no charge. 11 or more are \$5.00 each.
Send check and request form to the University of the Pacific.

For office use only:

Completed on: _____ Initial: _____
Alum notified: _____

2016-06-29 11:38:20