

**Request for Documentation**  
**Office of Academic Affairs**  
**Current Students**

Name: \_\_\_\_\_

Your class: DDS, IDS, AEGD, EN, OR, OS    Class Year: \_\_\_\_\_    Your Pacific ID: \_\_\_\_\_

*(circle one)*

**I HEREBY REQUEST THE FOLLOWING:**

- Transcripts:
- Official (number requested\*: \_\_\_\_\_ )
  - Hold for degree posting (graduating students)
  - Hold for term grades

- Other:
- Nitrous Oxide Letter
  - HIV/AIDS Letter
  - See attached form
  - \_\_\_\_\_

*\*(Official transcripts CANNOT be faxed or scanned and emailed.)*

- Enrollment Status Verification Letter

*(Check boxes below, if needed)*

- Units
- Good Standing
- GPA/Rank

**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 1*

\_\_\_\_\_  
*Address 1*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*Address 2*

\_\_\_\_\_  
*City, State, Zip Code*

\_\_\_\_\_  
*City, State, Zip Code*

- Fax to: ( \_\_\_\_\_ ) \_\_\_\_\_

Attn: \_\_\_\_\_

- Scan and Email to: \_\_\_\_\_ @ \_\_\_\_\_

- Student Pick-Up - You will be notified by email when the documentation is ready.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Requests are processed within 24-48 hours of receipt.**

Please deliver, email, or fax this completed form to: University of the Pacific Arthur A. Dugoni School of Dentistry  
Office of Academic Affairs

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

155 Fifth Street  
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: \_\_\_\_\_  
Student notified: \_\_\_\_\_

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