



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 complete this form and mail or email it to the CDSP Registrar's Office.

By Mail:
 Mary McChesney-Young, Registrar
 Church Divinity School of the Pacific
 2450 Le Conte Ave.
 Berkeley, CA 94709-1217

By Email:
registrar@cdsp.edu

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 CDSP (mailing address above)
 credit card*; type (Visa or MasterCard)
 CC # * _____ Expiry Date _____
 Billing Address: _____
 Name as it appears on CC _____

* **Do not** email credit card information. Please provide such information to the Registrar by phone (510-204-0714) 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: Total number: _____ Official: _____ Unofficial: _____
 Official transcripts mailed to students will be enclosed in a sealed envelope.
 Unofficial transcripts will be marked "Issued to Student."

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 required: Name: _____
 Address: _____
 City, State, and Zip: _____
 Telephone Number: _____
 Email address: _____

For further information, contact the Registrar at the above address, by telephone (510-204-0714), or by e-mail (registrar@cdsp.edu).