



# 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:  
 Bob Kramish, Registrar  
 Church Divinity School of the Pacific  
 2450 Le Conte Ave.  
 Berkeley, CA 94709-1217

By Email:  
[registrar@cdsp.edu](mailto: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 Welcome Center by phone (510-204-0702) 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, or by e-mail ([registrar@cdsp.edu](mailto:registrar@cdsp.edu)).