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

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: please make payment via this link:
   https://buy.stripe.com/aEudSncESbey1mU003

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).