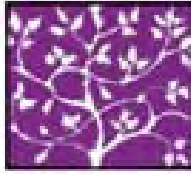


*a tradition of*  
**boldness**



PACIFIC SCHOOL *of* RELIGION

PACIFIC SCHOOL OF RELIGION  
1798 SCENIC AVENUE  
BERKELEY, CA 94709-9989  
TEL: 800/999-0528 OR 510/849-8252  
FAX: 510/845-8948 ATTN: REGISTRAR  
ALSO AVAILABLE ONLINE [WWW.PSR.EDU](http://WWW.PSR.EDU)

## Pacific School of Religion Transcript Request

To request an official academic transcript from PSR, you must do so in writing and include your signature, payment, and address(es) to which the transcript should be sent. Requests missing any of these pieces will not be processed. Current PSR students enrolled in degree or certificate programs may print out an unofficial copy of their grades at any time from WebAdvisor accessible through the GTU website at [www.gtu.edu](http://www.gtu.edu). Please contact the registrar if you do not have your login and password. Note that official transcripts include only courses that have been completed, not courses that are in progress.

If you have taken classes only at Summer Session, please do not use this form. Instead submit the Summer Session Transcript Request form available at [summer.psr.edu](http://summer.psr.edu) and submit it to the Summer Session Office.

If you are currently in or graduated with a GTU Common MA or MABL, please request all official transcripts through the GTU Transcript Request form available at [www.gtu.edu](http://www.gtu.edu) and submit it to the GTU registrar.

Submit this form with a payment of **\$10.00 per official transcript** as check, cash, or credit card to:

Pacific School of Religion, attn: Registrar  
1798 Scenic Avenue  
Berkeley, CA 94709-1323  
OR fax to 510/845-8948 attn: Registrar  
OR email the signed and scanned form as an attached PDF to [registrar@psr.edu](mailto:registrar@psr.edu).

Transcript request fees cannot be billed to your PSR account. Please note that it takes approximately ten (10) working days from the date the request is received to process transcript requests. This processing time does not apply to CMS, Summer Session, MA, and NHTS transcript as they may require additional processing by other departments and institutions, and no guarantee of processing time can be made. **Rush transcripts are not available.**

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

I, (name): \_\_\_\_\_, residing at:

---

(street address, with PSR box # if applicable)

(city/state/zip)

am requesting \_\_\_\_\_ copies of my transcript to be sent to the address(es) listed on the back. All transcripts are placed in sealed envelopes. I understand once the seal is broken, the transcript will no longer be official. I also understand that there is a \$10.00 charge for each transcript.

Please :

- find my payment of \$\_\_\_\_\_ (cash / check) enclosed OR
- Charge my:
  - VISA \_\_\_\_\_ / Mastercard \_\_\_\_\_
  - Number: \_\_\_\_\_
  - Expiration date \_\_\_\_\_ / \_\_\_\_\_
  - Billing address zip code \_\_\_\_\_.

I am requesting that my grades from \_\_\_\_\_ (sem/yr) to \_\_\_\_\_ (sem/yr) be sent with the following PSR degree(s) posted:

- 1) \_\_\_\_\_ (deg.) \_\_\_\_\_ (sem/yr awarded)
- 2) \_\_\_\_\_ (deg.) \_\_\_\_\_ (sem/yr awarded).

I also attended GTU Summer Sessions during the following semester/year(s):

\_\_\_\_\_.

The date on which I would like my transcript to reach its destination(s) is \_\_\_\_\_, but I also understand that regardless of my preferred arrival date, this request will take up to ten (10) days to process. I have reported this information to the best of my knowledge, and I understand that any incomplete information, information inconsistent with PSR records, or blocks on my account can result in a delay or failure to process this request. If any problems arise, you may contact me at the following

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

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

**Send transcripts to the following address(es):** *(Please list any additional addresses. Holding your transcript at the Registrar's Office for pick-up is discouraged, but if you strongly prefer that option, please indicate that below along with a preferred pick-up date. Be prepared to show your driver's license or some form of picture ID when picking up your transcript.)*

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

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

Institution: \_\_\_\_\_

Institution: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_