



DOCUMENT REQUEST FORM

Student Name _____ Student's ID# _____
Last First Middle
DOB ____/____/____
mm dd year

Please Indicate Your Selection

- Certificates of Enrollment \$10.00
- Certificates of Graduation \$20.00 (BSHS MSAOM DAOM)
- Official Transcripts \$10.00 (Current Student) \$20.00 (Withdrawn or Graduate)
 - Official transcripts have the signature of the registrar and the seal of the university
 - Official transcripts issued to students are stamped "Issued to student"
 - Processing time: 5 business days

To be issued to: Another College / University _____
 CA Board of License Exam NCCAOM Certification Exam
 Other (specify) _____

- | | |
|--|---|
| <input type="checkbox"/> Unofficial Transcripts \$2.00 | <input type="checkbox"/> OPT processing fee \$50.00 |
| <input type="checkbox"/> Copy of Student Record \$5.00 (per page) | <input type="checkbox"/> Certificates of Tuition Payment \$10.00 |
| <input type="checkbox"/> Financial Record \$5.00 | <input type="checkbox"/> I-20 Reinstatement Service \$100.00 |
| <input type="checkbox"/> Reissued Diploma \$100.00 | <input type="checkbox"/> Reissued I-20 Form \$20.00 |
| <input type="checkbox"/> Diploma Mailing Fee (U.S.A.) \$20.00
(Canada, Mexico: \$30.00, International: \$50.00) | - Reason: <input type="checkbox"/> Damaged <input type="checkbox"/> Lost <input type="checkbox"/> Stolen <input type="checkbox"/> Updated |

- Expedite Service \$20.00 (Document to be processed in 2 business days)
- Other Service (fees vary on type of service) _____

Mailing Label (Student is responsible for providing the address)

Name _____

Address _____

Please put your daytime phone #. _____

Date _____ Student Signature _____

***Release of information from a transcript to a third party is prohibited by the Family Educational Rights Privacy Act of 1974.*

Receipt # _____ Balance \$ _____ Sent _____ Picked Up _____ Initials _____

If paying by credit card Visa Master

Name as it appears on credit card: _____

Card Number: _____ Exp. date: _____

Security code: _____ Amount to be charged: _____

Signature of cardholder: _____ date: _____

Paying by check

Please make checks out to:

South Baylo University

Mailing address:

1126 N. Brookhurst St.

Anaheim, CA 92801