



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 Official Transcripts \$10.00 (Current Student) \$20.00 (Withdrawn or Graduate)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 \$5.00 | <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 Reinstate 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 <small>(Canada, Mexico: \$30.00, International: \$50.00)</small> | - 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