



**DOCUMENT REQUEST FORM**

AD 100

Student Information			
Last Name		First Name	Student ID #
Current Address Number & Street			Unit Number
City	State	ZIP Postal Code	Date of Birth (mm/dd/yyyy)
Home Telephone Number	Mobile Number	Email Address	

Please check your selection from the boxes below:

Non-Refundable Fees

- |  |           |  |          |
|--|-----------|--|----------|
| <input type="checkbox"/> Official Transcript ( <i>per issue</i> )            | \$ 20.00  | <input type="checkbox"/> Mailing Fee (USPS Certified Mail) | \$ 5.00  |
| <input type="checkbox"/> Enrollment Verification Letter ( <i>per issue</i> ) | \$ 20.00  | <input type="checkbox"/> Mailing Fee (USPS Priority)       | \$ 20.00 |
| <input type="checkbox"/> Diploma Replacement                                 | \$ 100.00 | <input type="checkbox"/> Mailing Fee (International)       | \$ 85.00 |
| <input type="checkbox"/> Student Identification Card ( <i>per issue</i> )    | \$ 10.00  |  |          |
| <input type="checkbox"/> Form I-20 Replacement ( <i>per issue</i> )          | \$ 20.00  | Total Amount:  | _____    |

Payment Information				
Method of Payment		<input type="checkbox"/> Cash	<input type="checkbox"/> Check	<input type="checkbox"/> Debit/Credit Card (provide information below)
Type of Card <input type="checkbox"/> Debit <input type="checkbox"/> VISA <input type="checkbox"/> MasterCard	Card Number	Expiration Date (mm/yyyy)		
	Cardholder Name	CVV (3-digit Security Code)		
	Authorization Signature	Billing ZIP Code		

<input type="checkbox"/> Please Mail to	Name of Institution		
Name of School Official	Title/ Department		
Mailing Address Number & Street	City	State	ZIP Code

*Office Use Only*

<input type="checkbox"/> For Student Pick-Up	Date	Initial for Pick-Up
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Release of information from a transcript to a third party is prohibited by the Family Educational Rights Privacy Act of 1974.

\_\_\_\_\_  
Signature of Student

\_\_\_\_\_  
Date