



Document Request Form

DATE OF REQUEST: _____

Student Full Name:		Student #:	
Mailing Address:			
Phone Number:		Email Address:	
Type of Document Requested	Letter of Enrollment (current student)	<input type="checkbox"/>	\$20.00/per copy
	(former student)	<input type="checkbox"/>	
	Official Transcript	<input type="checkbox"/>	\$20.00/per document
	Address to be mailed to (if applicable):		
	Letter of Completion	<input type="checkbox"/>	\$20.00/per copy
	Re-Issuance of I-20	<input type="checkbox"/>	\$50.00/per copy
	Request for Evidence (RFE) Support Letter	<input type="checkbox"/>	\$50/per document
	Other Support Document	<input type="checkbox"/>	\$15/per document
	Tuition Receipts	<input type="checkbox"/>	\$20.00/per document
	Attendance Record	<input type="checkbox"/>	\$20.00/per document
Urgent Request Fee**	<input type="checkbox"/>	\$15/per document	
TOTAL:			\$
Student Signature			

*Please allow 3-5 business days to process requests. An email will be sent once documents are ready to be picked up.

**Urgent requests expected on the same business day must be submitted by 11:00a.m., otherwise will be available the following business day.