



STANTON UNIVERSITY

9618 GARDEN GROVE BLVD., SUITE 201, GARDEN GROVE, CA 92844
TEL. 714.539.6561 FAX. 714.537.6542 INFO@STANTON.EDU

Instructions: Complete and submit this form to the Main Office along with the payment.

Name: _____
Last First Middle

Date of Birth: ____/____/____ Program: _____ Email: _____
(e.g. BBA, MBA, PGM, KCA, etc.)

Home Address: _____

Telephone: (____) _____ Date of Attendance at SU: ____/____/____ to ____/____/____

Documents	# of copies	Method		Subtotal
		Regular (3-5 business days)	Rush (within 1 business day)	
Official Transcript (If requesting E-Transcript, please use the webpage)*		\$15	\$22	\$
Verification of Enrollment		\$10	\$20	\$
Verification of Graduation (Same as Verification of Enrollment, but with a graduation date.)		\$10	\$20	\$
I-20 Reprint		\$10	\$20	\$
Financial Statement		\$10	\$20	\$
Syllabus (please write course #):		\$10 per syllabus	N/A	\$
Supplementary Document: (DSO/Reg. Letter, Letters)		\$5 per document	\$10 per document	\$
If mailing option is selected, add \$6 per mailing. Extra charge may apply for additional weight. Total Amount:				\$

Please Choose One:

PICK UP	MAILING (\$6 PER MAILING)
<input type="checkbox"/> I authorize (name of person) _____ to pick up my document(s). The designated person must provide photo ID when picking up the document(s). <input type="checkbox"/> I will pick up the document(s).	<input type="checkbox"/> I request my document(s) to be delivered to my home address. Please note: You <u>must</u> be home to receive the documents. <input type="checkbox"/> I request my document(s) to be delivered to the following address: Name of the Institution: _____ Address: _____ _____

By signing below, I authorize the requested document(s) to be released by Stanton University, acknowledge that the information above is correct, and am responsible for any additional fees if delivered at the incorrect address. I understand that if I do not pick up my documents within 6 months, they will be removed, and I will need to request and pay for them again.

Signature: _____

Date: _____

OFFICE USE ONLY		
Processed by	Process Date	Fee received by

*E-Transcript webpage: <https://www.stantonuniversity.com/etranscript/>