STANTON UNIVERSITY
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REQUEST FOR TRANSCRIPT 성적증명서
VERIFICATION OF ENROLLMENT 재학증명서
VERIFICATION OF GRADUATION 졸업증명서

Instructions: Complete and submit this form to Office of Admissions and Records along with the processing fee.

Name: _____
Last First Initial

Date of Birth: _____/_____/_____ Program: _____
mm dd yyyy (ex: MSOM, DOM, MBA, BBA, PGM, BFA, MDiv., ECE, MMT, ..)

Home Address: _____

Telephone: (_____)_____ Date of Attendance at SU: _____/_____/_____to _____/_____/_____

Delivery or Pick-up Method (Select one)

☐ I request my official records to be released to the following school/institution. (Or mail to the address above.)
본인의 증명서를 다음의 학교/기관에 발송해 주십시오.

Address: _____

_____

☐ I authorize (write the name of person) _____ to pick up my records.
본인의 증명서를 _____가(이) 찾아가도록 위임합니다.

☐ I will pick it up.본인이 수령하겠습니다. Pick-up Date: _____/_____/_____
mm dd yyyy

Processing Fee

*Regular: within 3 business days / **Rush: within 12 hours / ***Express: overnight

Items	# of copies	Method		Subtotal
Official Transcript		Regular*	$15.00	$
		Rush**	$22.00	$
Verification of Enrollment		Regular	$10.00	$
		Rush	$20.00	$
Verification of Graduation		Regular	$10.00	$
		Rush	$20.00	$
I-20 Reprint		Regular	$10.00	$
Financial Statement		Regular	$10.00	$
Supplementary Documents		Regular	$5.00 per documents	$
Delivery		Regular	$5.00	$
		Express***	$25.00	$
Total Amount Due				$

I hereby authorize an official copy of my school transcript to be released by Stanton University.

Signature: _____

Date: _____

OFFICE USE ONLY		
Processed by	**Process Date**	**Fee received by**

Rev: 04/2018