



# STANTON UNIVERSITY

9618 Garden Grove Blvd., Suite 201, Garden Grove, CA 92844  
Tel.714.539.6561 Fax.714.539.6542 su@stantonuniversity.com

## REQUEST FOR TRANSCRIPT 성적증명서 VERIFICATION OF ENROLLMENT 재학증명서 CERTIFICATE 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 \_\_\_\_/\_\_\_\_/\_\_\_\_  
mm dd yyyy mm dd yyyy

### 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	\$
Certificate of Graduation		Regular	\$10.00	\$
		Rush	\$20.00	\$
I-20 Reprint		Regular	\$10.00	\$
Delivery		Regular	\$2.00	\$
		Express***	\$20.00	\$
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