



DOCUMENT REQUEST FORM

Please complete this form and submit it to a school administrator with your payment.

Name: _____
First Middle Last

Address: _____

Phone: _____ Email: _____

Date of Birth: _____ Gender: Male Female

SEVIS No: _____ Date: _____

Document Type:

- Official Transcript (\$20) Enrollment Certificate (\$20)
 Old I-20 copy (\$20) Mailing Fee (Domestic) (\$20)
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For Office Use Only

Date Received: _____ Payment Received: _____

Payment Type: Cash / Credit Card / Check

School Administrator: _____ Student Pickup: _____