



DOCUMENT REQUEST FORM

Last Name:	First Name:	M.
Date:	Birth Date:	
Address:	Phone:	
	Email Address:	

Program: Master of Business Administration AA in Accounting Master of Science in Oriental Medicine
 Certificate in _____

Attended Periods
 from: _____ to: _____

TITLE	FEE	QTY	SUB TOTAL
Official Transcript - Degree Program	\$20		
Verification of Enrollment	\$20		
Certificate of Graduation	\$20		
Commencement Invitation Letter	\$20		
Student ID	\$20		
Duplicated Diploma	\$100		
Official Transcript - Certificate Program	\$10		
Certificate of Completion - Certificate Program	\$10		
Other Documents _____			
<input type="checkbox"/> Pick-up in the Office (None) Domestic Mailing Fee <input type="checkbox"/> \$10 USPS No Tracking <input type="checkbox"/> \$20 USPS Tracking <input type="checkbox"/> \$40 Express - UPS/FedEx International Mailing Fee <input type="checkbox"/> \$50 USPS Regular <input type="checkbox"/> \$80 USPS Express <input type="checkbox"/> \$100 UPS/FedEx <i>*Regular Document Processing takes 3-5 business days.</i>			
TOTAL			

Primary Reason for Documents

PAYMENT METHOD

Amount: \$ _____ Cash Check # _____ Credit Card A 4% Payment card transaction fee will be added to the amount.

I hereby authorize California Trinity School of Business to charge the Card Number: _____

CVV Security Code _____ Expiration Date(mm/yyyy): _____ Student/Applicant's Signature: _____

Mail To (Name): _____
Mailing Address: _____
City: _____ **State:** _____ **Zip Code:** _____

OFFICE USE ONLY

Payment Received by: _____ Date Paid: _____ Receipt #: _____
 Processed by: _____ Estimate Pick-up or Delivery Date: _____

Document Received by (Student Name): _____ **Signature:** _____ **Date:** _____