



SOUTHERN CALIFORNIA UNIVERSITY
School of Oriental Medicine and Acupuncture
 3460 Wilshire Blvd. 5th Fl. Los Angeles, CA 90010 • 213) 413-9500 • fax: 213) 413-5400 • info@scusoma.edu

Document Request Form

Student Name _____ **DOB** _____
Last First Middle

Phone Number _____ **Email Address** _____

Please indicate your selection

- Current Student Certified Letter \$10.00
- Certification letter of Graduation \$20.00
- Official Transcript \$10.00 (Current) \$20.00 (Withdrawn or Graduate)
- Transcript Mail Out \$5.00
- Transcript 1 day \$100.00
- Transcript Express (3 business days) \$50.00
- Student's copy of Academic record \$2.00/ per page
- Reissued I-20 Form \$30.00
- Diploma \$250.00 \$50(Duplicate)

To be sent to:

- Another College/University
- CA Board for License Exam
- Other (Specify)
- Student's Residence
- NCCAOM Certification Exam
- Other _____

Handled By _____

Mailing Label (Student is responsible for complete correct address)
 Name _____
 Address _____
 Please put your daytime Phone # () _____
 Email address: _____

*No transactions will be made until check received by SCUSOMA.

Student Signature _____ **Date** _____

**Release of student information, without student written request, to a third party is prohibited by the Family Educational Right Privacy Act 1974

Receipt # _____ **Balance \$** _____ **Sent** _____ **Picked Up Date and Time** _____

Money Order or Cashier's check ONLY
Please make all money orders payable to:
SCUSOMA
3460 Wilshire Blvd. 5th Fl.
Los Angeles, CA 90010