



EVANGELIA UNIVERSITY

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STUDENT DOCUMENT REQUEST

Student Name	Last	First	Middle
Student ID #	Date of Birth	(Month / Day / Year)	Social Security Number - -
Current Address	Street No. & Name		Apt/Unit No.
	City	State	Zip Code
Hand Phone	() -	Home Phone	() -

Please Check Documents Needed:

DOCUMENT DESCRIPTION	AMT	NO. OF COPIES	SUBTOTAL
Certificate of Attendance <input type="checkbox"/> B.A. <input type="checkbox"/> M.C.E. <input type="checkbox"/> M.Div. <input type="checkbox"/> D.Min.	\$10.00		
Certificate of Graduation <input type="checkbox"/> B.A. <input type="checkbox"/> M.C.E. <input type="checkbox"/> M.Div. <input type="checkbox"/> D.Min.	\$10.00		
Transcript	<input type="checkbox"/> B.A. <input type="checkbox"/> M.C.E. <input type="checkbox"/> M.Div. <input type="checkbox"/> Others: explain _____		
	<input type="checkbox"/> Official: Write the address(es) of institute(s) to send the transcript(s) to.	\$10.00	
	Name of Institute		
	Address		
City State Zip Code			
Name of Institute			
Address			
City State Zip Code			
<input type="checkbox"/> I-20 Initial Issue (\$200.00) <input type="checkbox"/> I-20 Replacement Copy (\$20.00/person) <input type="checkbox"/> Same-day Service (\$20.00) / <input type="checkbox"/> Express Delivery (\$30.00) <input type="checkbox"/> On-Campus Work letter (\$10.00) <input type="checkbox"/> Registration Proof (\$10.00) <input type="checkbox"/> Other: _____			
Student Signature:	TOTAL FEE DUE		
Date Signed:	Payment Method:	TOTAL FEE PAID	

OFFICE USE ONLY

Date of Document(s) Issued	By
Date of Document <input type="checkbox"/> Pick-Up/ <input type="checkbox"/> Mailed	By