CALIFORNIA GRADUATE SCHOOL OF THEOLOGY



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DOCUMENT REQUEST FORM

Please complete this form a					
Name:(Last)	(First)	(Middle)	Student ID:		
Date of Birth:/	/ Pro	gram:			
mm d	d yyyy	(ex: E.S.L.	, B.A.R, M.A.R., M.Div.,	D.Min., Other)	
Home Address:					
Telephone: ()	E-	Mail:			
☐ I request my official rec		ck-up Method (Selethe following school		o the address above.	
Name & Address:					
☐ I authorize (write the name of person)					
☐ I will pick it up.	Pick	-up Date:			
	Р	rocessing Fee			
Item	No. of			lethod Subtotal	
	Copies	Regular*	Rush**		
Official Transcript		\$20.00	\$30.00	\$	
Enrollment Confirmation		\$20.00	\$30.00	\$	
Graduation Confirmation		\$50.00	\$75.00	\$	
Legal Document/Letter		\$50.00	\$75.00	\$	
I-20 Renewal/Extension		\$100.00	\$150.00	\$	
I-20 Replacement		\$25.00	\$35.00	\$	
Delivery		\$5.00	\$30.00(Express***)	\$	
Total Amount Due				\$	
* Regular: Processed within a (Make a check payable to "C) I hereby authorize an official	alifornia Graduate Sch	ool of Theology")			
Signature:					
OFFICE USE ONLY					
Processed by		Process Date		Payment Method	
,		□ cash □ credit card □ check (#)			