



**Los Angeles Main Campus**  
 505 Shatto Place, Suite 300  
 Los Angeles, CA 90020  
 Tel: 213.382.1136  
 Email: info@nobeluniversity.edu

**Buena Park Branch Campus**  
 6131 Orangethorpe Avenue, Suite 116  
 Buena Park, CA 90620  
 Tel: 714.228.0307  
 Email: infobp@nobeluniversity.edu

## DOCUMENT REQUEST FORM

For current or former Nobel students requesting official documents. Fees are non-refundable. Documents are processed within 7-10 business days after payment and all financial obligations are met. Pay via the online payment portal or in person.

\* = required field

**Campus:** \*  Los Angeles Main Campus  Buena Park Branch Campus (choose your campus to route the request)

### Section 1 - Student Information

Last Name*		First Name*		Student ID #*	
Current Address (Number & Street)*					Unit #
City	State	ZIP / Postal Code		Date of Birth (mm/dd/yyyy)*	
Home Telephone		Mobile Number*		Email Address*	

### Section 2 - Document Selection (Non-Refundable Fees)

Please check your selection(s): \*

- |   |                 |  |                 |
|---|-----------------|--|-----------------|
| <input type="checkbox"/> Official Transcript (per copy)               | <b>\$20.00</b>  | <input type="checkbox"/> Diploma Replacement                     | <b>\$100.00</b> |
| <input type="checkbox"/> Verification of Enrollment Letter (per copy) | <b>\$20.00</b>  | <input type="checkbox"/> Student Identification Card (per issue) | <b>\$10.00</b>  |
| <input type="checkbox"/> Foreign Transcript Evaluation                | <b>\$85.00</b>  | <input type="checkbox"/> Form I-20 Replacement (per issue)       | <b>\$20.00</b>  |
| <input type="checkbox"/> USCIS Request for Evidence (RFE)             | <b>\$100.00</b> | <input type="checkbox"/> Graduation Fee                          | <b>\$150.00</b> |
| <input type="checkbox"/> Mailing Fee (USPS Priority)                  | <b>\$20.00</b>  | <input type="checkbox"/> Mailing Fee (International)             | <b>\$85.00</b>  |

Total Amount (USD \$) \* \*

### Section 3 - Payment Information

**Method of Payment:**  Cash  Check  Debit/Credit Card **Type:**  Debit  VISA  MasterCard

Card Number		Expiration (mm/yyyy)	CVV (3-digit)
Cardholder Name		Authorization Signature	Billing ZIP

### Section 4 - Delivery

Please mail to:  For Student Pick-Up

Name of Institution		Name of School Official	
Title / Department		Mailing Address (Number & Street)	
City	State	ZIP Code	

### Student Certification & FERPA Acknowledgment

Signature of Student * *	Date * *
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### For Office Use Only

Date released / mailed	Initial for pick-up / release
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