



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

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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