INTERNATIONAL UNIVERSITY OF THE EAST
OM Meditation Center

1125 West Sixth Street, Suite 207, Los Angeles, CA 90017
Phone: 213-947-3611 Fax: 213-947-3549 or Email: info@iueast.org

DOCUMENT REQUEST FORM

STUDENT INFORMATION:

_____ _____ _____ _____
Last Name First Name Middle Date of Birth

_____ _____ _____ _____
Mailing Address City State Zip Code

Phone Number: ( ) _____ Email: _____

REQUESTING DOCUMENT:

( ) Current Student Certification Letter
( ) Certification Letter of Graduation
( ) Official Transcript
( ) Diploma

DELIVERY OPTION:

( ) Regular Mail
( ) Express Mail (U.S. Only: $40 extra charge)
( ) Hold for Pick Up

SEND TO:

Recipient	Address
1._____	_____
2._____	_____
3._____	_____
4._____	_____

I hereby consent to have my document stated above be released to the recipient(s)/address(es) on this form.

Signature: _____ Date: _____