

INTERNATIONAL UNIVERSITY OF THE EAST

OM Meditation Center

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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: _____