



CALIFORNIA ARTS UNIVERSITY

Transcript & Official Document Request Form

4100 W. Commonwealth Avenue, #101, Fullerton, CA, 92833

Phone: 213-700-7575 Fax: 714-907-1511 Website: www.cauniv.edu E-mail: info@cauniv.edu

1. Student ID: _____

2. First Name: _____ Last Name: _____

3. Address: _____ City _____ State _____

Zip Code _____ Country _____ E-mail _____

4. Contact Home: _____ Cell Phone: _____

5. Degree: MACMP () DMA ()

6. Request Document (\$10 per copy)	Quantity
* Official Academic Transcript	_____
* Official Certificate of Enrollment	_____
* Official Certificate of Graduation	_____

7. Delivery Option () Hold for Pick Up () USPS First Class/\$5.00
 () USPS International/\$30.00 () Priority Domestic Express/\$20.00
 () E-mail () Priority International/\$50.00

8. Delivery Information: Name _____ Address _____
 City _____ State _____ Zip _____ Country _____

9. Total Due: \$ _____

10. Payment Options: () Cash () Check () Bank

* Bank of Hope (Account number: 0015317574 / Routing number: 122041235)

11. Date of Request: mm. _____ dd. _____ yyyy. _____

I hereby consent to have my transcript/certificate of enrollment released to the recipient(s)/address(es) on this form.

Signature: _____

Date: _____