Form 135

TRANSCRIPT REQUEST

1) Complete all requested information and return this form to:

Attention: Transcripts
Sofia University
1069 East Meadow Cr
Palo Alto CA  94303

2) Payment:

Official transcripts cost **$5.00** per copy.

*(This fee may be waived for site applications related to required course work.)*

Mail a payment to: Accounting, 1069 East Meadow Cr, Palo Alto CA 94303 or fax to: 650-204-6844

<table>
<thead>
<tr>
<th>Name on card:</th>
<th>Card Number:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Card Type (Visa/MC/AMEX)</td>
<td>Expiration date:</td>
</tr>
<tr>
<td>CCV Code:</td>
<td>Amount: $</td>
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<tr>
<td>Billing Address:</td>
<td></td>
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<tr>
<td>Signature:</td>
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</tbody>
</table>

Accounting code: 32020-0000-1701-0000

3) Check the appropriate box to answer each question:

Name I attended under: ____________________________________________________

Student ID number (if known): ___________________________________________

I attended the:  □ Residential Masters Program  □ Global Certificate/Masters Program
□ Residential Ph.D Program  □ Global Ph.D. Program

Send the transcript:  □ In a Sealed Envelope  □ Open and stamped “Issued to Student”

Send the transcript:  □ Now  □ After grades/degrees are posted

Number of transcripts to be sent to the address below: _______________

I hereby authorized release of my transcripts to the individual or organization indicated below.

Signed: ___________________________________________________________________

Print the complete mailing address where the transcript is to be sent within the box below.

Print carefully, this will be used as a mailing label.

Received:  
Paid:  
Sent:  

12/12