



DOCUMENT REQUEST FORM

STUDENT NAME: Last First Middle STUDENT ID: DATE OF BIRTH: STUDENT'S DAYTIME PHONE:

Please check your selection from the boxes below:

- Certificate of Graduation \$10.00 I-20 Re-issue \$20.00
Certificate of School Attendance \$10.00 Travel signature needed on the I-20
Certificate of Tuition Paid \$10.00 Student File Copy \$50.00
Current Student Certificate \$10.00 Student ID Card Replacement \$10.00
Diploma Replacement \$100.00 Invitation Letter for Commencement \$10.00 x ( )
Official Transcript\* \$15.00 x ( ) Special Letter \$50.00

\*Official Transcripts shall bear the signature of the school Registrar and the Official Seal of the University.

\*Processing time: Five (5) business working days.

To be issued to: Student Another Institution Other:

Special Express Services (Requested docs will be available within 48 hours) \$10.00 per Item

For Pick-up by the student on (Date):

To be mailed to: Student Another Institution Other:

Mailing Label (student is responsible for providing the address) Student's Email: Name: Student's Daytime Phone: Address/Email Address:

- Shipping Fee \$10.00 (for Domestic Priority) \$30.00 (for Domestic Express)
\$50 \$70 \$80 (TBA) \$ (For International Courier - Inquire detailed fee with Receptionist.)

RELEASE STUDENT INFORMATION TO A THIRD PARTY IS PROHIBITED BY THE FAMILY EDUCATION RIGHTS PRIVACY ACT OF 1974

\$ Amount to be charged: Signature of Student Date Signed

OFFICE USE ONLY: RECEIPT NO: RECEIPT DATE: RECEIVED BY: DATE SENT: SENT BY:

PAYMENT METHOD (Please choose one from the options listed below.)

- PAYMENT TYPE: CASH CHECK/MONEY ORDER (#) Online Payment via calums.net
CREDIT CARD: VISA AMERICAN EXPRESS MASTER CARD DISCOVER CARD
BANK WIRE TRANSFER INFORMATION: Please call the Finance Office at (714) 533-3946, extension 211 or send an e-mail to finance@calums.edu for more detailed instructions.

Only for remote card payment (not for ONLINE Payment), please fill out the following information:

CARD NO: EXPIRATION DATE: SECURITY CODE (BACK OF CARD): CARDHOLDER'S PHONE #: CARDHOLDER'S NAME: ADDRESS:

SIGNATURE OF CARD HOLDER: TODAY'S DATE:

Please attach a copy of the credit card FRONT and BACK. Also attach a copy of the card holder's secondary ID (Passport, Driver's License, etc.)