



RFE ASSISTANCE REQUEST FORM

STUDENT NAME: Last First Middle

STUDENT ID: _____

DATE OF BIRTH: _____

STUDENT DAYTIME PHONE: _____

Please check your selection from the boxes below: []

Processing Fee* \$100.00 [] Certificate Letter to be submitted to USCIS \$5.00

*Including an official transcript and any certificate issued by CALUMS if applicable

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

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

[] 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)

Name: _____ Student's Daytime Phone#: _____

Address: _____

[] Shipping Fee* [] \$10.00 (for Domestic Priority) [] \$30.00 (for Domestic Express)

[] Others (TBA): _____

** Shipping fee is subject to change without notice.

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 (#: _____)

[] 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, please fill out the following information:

CARD NO: _____ EXPIRATION DATE: _____

SECURITY CODE (BACK OF CARD): _____ CARDHOLDER'S PHONE #: _____

CARDHOLDER'S NAME: _____

ADDRESS: _____

SIGNATURE: _____ 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.)