



## Payment Information:

Only include this page with request if fees owed & paying by credit card

If paying by check, this page is not needed.

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Credit card information will be shredded after payment is processed

Credit Card

Visa

Mastercard

Discover

**Student Name:** \_\_\_\_\_ **Student ID#:** \_\_\_\_\_

Name of Cardholder: \_\_\_\_\_

Card Number: \_\_\_\_\_

Authorization amount: \$ \_\_\_\_\_

**CVC Code (3-digit code on back of credit card):** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Credit Card Authorizing Signature:** \_\_\_\_\_

Billing Address for credit card:

Street/PO Box: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

### Mail or Fax to:

**Columbia College**  
**Admissions & Records Office**  
11600 Columbia College Drive  
Sonora CA 95370 – 8582

Telephone: (209) 588-5233

Fax: (209) 588-5337

**E-MAIL REQUESTS WILL NOT BE ACCEPTED**