



**Academic Credentials
Evaluation Institute, Inc.**

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FILE EXTENSION FORM

By completing this form you are authorizing ACEI to extend your file for an additional three (3) years and are adhering to our current [Terms and Conditions](#) listed on our website. ACEI will digitize your paper transcripts/documents for the fee of **\$50.00**.

NOTE: No refunds will be issued once an application has been submitted.

If you want to pay by credit card, please fill out the form below and submit to ACEI by either email: acei@acei1.com or FAX: 310.275.3528. Otherwise, please mail this form to ACEI with your payment to: ACEI, 9461 Charleville Boulevard, Box 188, Beverly Hills, CA 90212, USA.

Name of Applicant: _____
(Last/Family/Surname) (First/Given Name) (Middle Initial)

ACEI Reference #: _____
(Applicant's Signature) (Date)

PAYMENT INFORMATION

Total Payment: \$50

Select Method of Payment: *(Make payments payable to: ACEI)*

- Personal Check Cashier's Check Money Order
- Debit Card (Visa/MasterCard) American Express Discover MasterCard Visa

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I hereby authorize the Academic Credentials Evaluation Institute, Inc. (ACEI) to utilize my credit/debit card for the detailed billing as noted on the ACEI Application for Evaluation of Foreign Educational Credentials.

Signature: _____ **Date:** _____