

Return Original CAS Documents Request Form

Our office will return original CAS documents (via regular mail) at the applicant's request. There is a \$20 fee for this service. Please complete, print, sign, and return this form to have your documents returned to you. **Do not use this form until AFTER your match has been concluded.** All requests must be in writing. Please note that confidential letters cannot be returned to applicants.

Original documents will be kept for one year only. Please send your request AFTER the Match is concluded.

Specialty Name:			
Applicant Name:			
SF Match ID:			
Mailing Address:			
Phone:			
Email:			
PAYMENT INFORMATION:			
Please check one:			
<input type="checkbox"/> Enclosed is a check/money order# _____ in the amount of \$20			
<input type="checkbox"/> Please charge \$20 fee to my Visa/MasterCard:			
Credit Card #:			
Expiration Date:		CVS2:	
Card holder's name:			
Billing Address:			
I authorize SF Match to charge my Visa/MasterCard for return of documents fee in the amount of \$20.			
Signature: _____		Date: _____	

Please mail this form to:

SF Match
 c/o Wells Fargo Lockbox Services
 SF Matching Program Dept #34059
 3440 Walnut Ave., Bldg A, 2nd Floor
 Fremont, CA 94538

Requests with credit card payments can be faxed to 415-561-8535.