

**This is a payment form to be used ONLY to accompany a transcript request form when using a credit card for payment.
This is NOT a transcript request form.**

TRANSCRIPT REQUEST CREDIT CARD PAYMENT FORM

STUDENT NAME _____

BANNER ID: _____ OR SSN _____
(Last 4 Digits)

Number of Transcripts Requested:

Mailed _____ (\$5 per copy)

On-the-Spot _____ (\$10 per copy)

Total Fees: \$ _____

Date Requested _____

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CREDIT CARD INFORMATION

Please Circle One:

MasterCard

Visa

Discover

Account # _____

Expiration Date: ____ / ____

Student Signature _____ Date _____