



I am paying for:

Option 1: CHECK ALL THAT APPLY

- Transcript(s)
- Licensure
- Duplicate diploma
- Commencement fee
- Postage for document mailing
- International Visiting Student/GHLO Application Fee

Total \$ _____

OR

Option 2: Past due balance on my account \$ _____

OR

Option 3: Other _____ \$ _____

Please check your option(s), complete the information requested below, and fax the form to (718) 270-4501. Please do not omit any information. This will only delay the processing of your transaction.

Student Name (please print)

Student Signature

Student ID Number

If Alumni, last 4 digits SS#

Credit Card Information

Type of Card (check one): Discover Master Card Visa

Card Number: _____

3-Digit Security Code: _____ *Last three digits located on the back of your card*

Cardholder's Zip Code: _____

Expiration Date: _____ *(mm/yyyy)*

Amount Authorized: \$ _____ *Must agree with the amount(s) listed above*

Contact Number: (_____) _____

Cardholder's Name (please print)

Cardholder's Signature