

# The United States Sports Academy

Attention: Registrar's Office

One Academy Drive

Daphne, Alabama 36526

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<http://www.ussa.edu>

E-Mail: [registrar@ussa.edu](mailto:registrar@ussa.edu)



## Payment Authorization Form

**Note: This procedure is to collect only enough information to verify the student's transaction. The information requested below includes student's name, email address, daytime telephone number, credit card number, expiration date and other information required to process the request for services. This information will not be shared or sold to any third parties unless required by law.**

Date: \_\_\_\_\_

### Student Information:

First Name: \_\_\_\_\_ Middle Initial: \_\_\_\_\_ Last Name: \_\_\_\_\_

Email Address: \_\_\_\_\_ Student ID # \_\_\_\_\_

Daytime Telephone Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Select transaction type:

- |  |  |
|--|--|
| <input type="checkbox"/> <b>Registration -Tuition/Fees</b><br>Varies   | <input type="checkbox"/> <b>Duplicate Diploma</b><br>Fee: \$50   |
| <input type="checkbox"/> <b>Course Extension</b><br>30 Day        \$100 per course<br>60-day        \$200 per course | <input type="checkbox"/> <b>Graduation Fee (s)</b><br>BSS            \$125<br>MSS            \$125<br>Ed. D.         \$250 |
| <input type="checkbox"/> <b>Transcript Request Fee</b><br>\$10 per copy  | <input type="checkbox"/> <b>Balance on Account</b>   |
| <input type="checkbox"/> Other _____   |  |

Method of Payment: The student understands that his/her credit card will be charged to cover the required fee (s).

Credit Card Type: VISA   MC   DISCOVER

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ - \_\_\_\_\_ CVV \_\_\_\_\_

Received By: \_\_\_\_\_ Date \_\_\_\_\_

Processed By: \_\_\_\_\_ Date \_\_\_\_\_