

The United States Sports Academy

Attention: Registrar's Office

One Academy Drive

Daphne, Alabama 36526

Phone: (251) 626-3303

Fax: (251) 625-1035

<http://www.ussa.edu>

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

Received By: _____

Date _____

Processed By: _____

Date _____