

**The United States Sports Academy**

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**RE-ADMITTANCE FEE  
PAYMENT AUTHORIZATION FORM**

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

**Student Information:**

Name: \_\_\_\_\_  
Last Jr, I, II First Middle (Maiden)

Email Address: \_\_\_\_\_

Address Line 1: \_\_\_\_\_

Address Line 2: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip/Postal Code: \_\_\_\_\_ - \_\_\_\_\_

Country: \_\_\_\_\_

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

**Our policy is to collect only enough information to affect your transaction. That information will include your name, email address, mailing address, credit card number, expiration date and other information required to process your request for services. This information will not be shared or sold to any third parties unless required by law.**

Method of Payment: I understand that my credit card will be charged \$200 to cover the required fee.

Credit Card Type: VISA MC DISCOVER

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

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

Official Use Only  
Processed By: \_\_\_\_\_ Date Processed: \_\_\_\_\_