

Student Services Department Credit Card Authorization

Please process the charge for the following credit card authorization

Applicant/Student Name: _____

Print cardholder's name as it appears on card: _____

Credit card number: _____ Expiration date: _____

Card security card (3 digit number on back of card): _____ Billing address zip code: _____

Authorized signature: _____

Please charge credit card for the following:

\$ _____	Tuition
\$ _____	Matriculation Fee
\$ _____	Transcript
\$ _____	SHP other (please specify charge) _____

Please return this form to Student Services via fax 2102970913
or by mail to 8400 Datapoint Dr. San Antonio, TX 78229

Confidentiality Note

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