

**CREDIT CARD AUTHORIZATION
FOR DIPLOMA CHARGE**

Select card to be used: **VISA** **MasterCard** **DISCOVER**

Card Number: _____ - _____ - _____ - _____

DISCOVER OR VISA: Last 3 digits on back of card on signature line: _____

Expiration Date: /
 month year

Card Holder Name: _____

Card Holder Signature _____

**I authorize the University of Rochester to charge my Credit Card in the amount of
\$ 35.00**

Address CREDIT CARD bill is sent to:

_____ _____ _____
Street Address State Zip

Day Time Phone Number: (____) ____ - _____

Student Name: _____

Student ID #: _____

FAX FORM TO: 585-461-3356

U of R Bursar's Office-ISIS will appear as the description on your credit card statement.

*****BURSAR** – please credit to Registrar's FEDEX Account. Please confirm payment by emailing Kris Condello @ Kris.condello@rochester.edu*