

Date: _____ Student ID: _____

Student Name: _____

Day Phone #: _____ Evening Phone #: _____

Payment for:

- | | |
|--|--|
| <input type="checkbox"/> Admissions Application Fee | <input type="checkbox"/> U.S. Transcript Shipping Fee (Next Day) |
| <input type="checkbox"/> MA Deposit - Start Term: _____ | <input type="checkbox"/> Canada Transcript Shipping Fee (Next Day) |
| <input type="checkbox"/> PsyD Deposit - Start Term: _____ | <input type="checkbox"/> Graduation Application Fee |
| <input type="checkbox"/> Transfer Credit Fee
Quantity: _____ | <input type="checkbox"/> Late Graduation Application Fee |
| <input type="checkbox"/> Transcript Request Fee
Quantity: _____ | <input type="checkbox"/> Replacement Diploma
Quantity: _____ |
| <input type="checkbox"/> Expedited Transcript Fee | <input type="checkbox"/> UPASS Replacement Card Fee |

I hereby authorize payment in the amount of:

\$ _____.

If payment amount is left blank, form will not be processed.*Credit Card Type:**

-
- American Express
-
- Discover
-
- MasterCard
-
- Visa

Card Holder's Name (*Print as appears on card*): _____

Credit Card #: _____

Security Code: _____

- For Discover, MasterCard, and Visa – last set of digits on back of card
- For American Express – set of digits in upper, right-hand corner on front of card

Expiration Date: _____ / _____
(month) (year)

Card Billing Address: _____

Card Billing City: _____ Card Billing State: _____ Card Billing Zip: _____

Card Holder's Signature: _____

Electronic or typed signatures are accepted for this form ONLY when sent through your Adler e-mail account.*Please ensure that this form is completed in full. Missing/incorrect information will result in processing delays.***For Office Use Only**

Received By: _____ Received On: _____