

CORCORAN

GALLERY OF ART • COLLEGE of ART + DESIGN

THIRD PARTY PAYMENT AUTHORIZATION FORM

Student Information

Student Name (please print): _____

Student ID: _____ Student SSN: _____

Semester: Fall Spring Summer
 2007 2008 2008

Cardholder's Information

Cardholder's Name (please print): _____

Cardholder's Address: _____

Cardholder's Phone #: (_____) _____

Relationship to Student: Parent Spouse Other: _____

Credit Card Type: VISA MC American Express

Amount: _____

Credit Card Number: _____ - _____ - _____ - _____

Exp. Date: _____ / _____

Cardholder's Signature: _____ Date: _____

I authorize the Corcoran College of Art + Design to charge my credit card as payment for the student listed above.