

CORCORAN

GALLERY OF ART • COLLEGE of ART + DESIGN

THIRD PARTY PAYMENT AUTHORIZATION

Student Information

Student Name (please print): _____

Student ID: _____

Semester: Fall Spring Summer Year: _____

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: _____ Date Amount to be Charged: _____

Card Number: _____ - _____ - _____

Exp. Date: _____ / _____

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

Cardholder's Signature: _____ Date: _____