

# CREDIT CARD PAYMENT FORM

## Submission Instructions

If you are submitting a **transcript request**, please fax it to (202) 994-0282 or mail it to:  
Office of the Registrar, 44983 Knoll Square, 2nd Floor, Ashburn, VA 20147

If you are submitting a **diploma replacement request**, please fax it to (202) 242-6636 or mail it to:  
Office of the Registrar, Graduation Services, 2100 Foxhall Road, NW, Academic Building 102, Washington, DC 20007

**Use this form for Office of the Registrar transactions only (not for tuition payments or other university charges).**

\_\_\_\_\_  
Student's Name

\_\_\_\_\_  
GWid or Student ID

\_\_\_\_\_  
Cardholder's Name

\_\_\_\_\_  
Cardholder's Phone

\_\_\_\_\_  
Cardholder's Email

I authorize the George Washington University to charge (amount in U.S. dollars) \$ \_\_\_\_\_  
to the following credit card account:

Type of Card (check one):     MasterCard     VISA

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_    Expiration Date (MM/YYYY): \_\_\_\_\_

Credit Card Verification Code: \_\_\_\_\_

*The credit card verification code is a three-digit number printed on the back of your credit card.*

Credit Card Billing Address: \_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Signature (required)

\_\_\_\_\_  
Date

*Office of the Registrar*

Colonial Central

Marvin Center

Ground Floor

Phone:

(202) 994-4900

Email:

regweb@gwu.edu