

# 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, Enterprise Hall, Suite 390, 44983 Knoll Square, 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 113,  
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:

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

\_\_\_\_\_  
Date

Type of Card (check one):  MasterCard  VISA

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

Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Expiration Date (MM/YYYY): \_\_\_\_\_

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

THE GEORGE  
WASHINGTON  
UNIVERSITY

WASHINGTON, DC

Office of the  
Registrar

Colonial Central  
Marvin Center  
Ground Floor

Phone:  
(202) 994-4900

Fax:  
(202) 994-0282

*To best protect your financial information and support compliance with the Payment Card Industry Data Security Standard, credit card information should never be e-mailed. It may be faxed or mailed to our office, or submitted in person.*