

The United States Sports Academy

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**RE-ADMITTANCE FEE
PAYMENT AUTHORIZATION FORM**

Date: _____

Student Information:

Name: _____
Last Jr, I, II First Middle (Maiden)

Email Address: _____

Address Line 1: _____

Address Line 2: _____

City: _____ State: _____ Zip/Postal Code: _____ - _____

Country: _____

Daytime Telephone Number: _____ - _____ - _____

Our policy is to collect only enough information to affect your transaction. That information will include your name, email address, mailing address, credit card number, expiration date and other information required to process your request for services. This information will not be shared or sold to any third parties unless required by law.

Method of Payment: I understand that my credit card will be charged \$200 to cover the required fee.

Credit Card Type: VISA MC DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ - _____ CVV _____

| |
|---|
| Official Use Only |
| Processed By: _____ Date Processed: _____ |