

Pre-Health Virtual Evaluation Fee Transmittal Form

IFR 900547

ADVISEMENT SERVICES CENTER \* UNIVERSITY AT ALBANY \* STATE UNIVERSITY OF NEW YORK

1. Student Name \_\_\_\_\_
2. Albany ID# \_\_\_\_\_
3. Address \_\_\_\_\_  
\_\_\_\_\_  
(street)  
\_\_\_\_\_  
(city) \_\_\_\_\_ (state) \_\_\_\_\_ (zip)
4. Phone # \_\_\_\_\_
5. Circle Payment Method to be used: Check Money Order Credit Card  
*If charging your fee, complete items 7-13 below:*
6. Amount Paid Herein: \$ \_\_\_\_\_
7. Circle Credit Card to be used: VISA MasterCard Discover
8. Expiration Date: (mo/yr) \_\_\_\_\_
9. Card Number: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_
10. Print Cardholder's Name: \_\_\_\_\_
11. Cardholder's Zip Code: \_\_\_\_\_
12. Cardholder's Signature: \_\_\_\_\_
13. Amount you authorize to charge: \_\_\_\_\_ Today's Date \_\_\_\_\_

For Administrative Use Only: Processed Payment

Charge entered: