



ORANGE COAST COLLEGE

Records Office
2701 Fairview Road, Box 5005, Costa Mesa, CA 92628-5005
(714) 432-5772

CREDIT CARD PAYMENT AUTHORIZATION

TRANSCRIPT OR VERIFICATION FEES

CREDIT CARDS ACCEPTED:

MASTER CARD

VISA

DISCOVER

Credit Card Payment Information

Date _____

I _____ authorize Orange Coast College to charge
(Cardholder Name-Please Print)
my credit card \$ _____ for transcript/verification fees, for

(Student Name-Please Print)
Student I D # _____

Credit card # _____ - _____ - _____

Expiration Date ____/____/____ **Credit Card Billing Zip Code** _____
(Must be provided)

X _____
(Cardholder Signature)

MAIL PAYMENT ALONG WITH THE REQUEST FORM TO:

RECORDS
ORANGE COAST COLLEGE
2701 FAIRVIEW RD
P O BOX 5005
COSTA MESA CA 92628-5005