credit card authorization

Purchase College
STATE UNIVERSITY OF NEW YORK

Complete this form and include with your Application for Readmission if paying by credit card. Please print all information.

For Readmission in:

❍ Fall ❍ Spring Year: _____

Student information

_____
last name first middle

_____
street address

_____
city state zip code

_____
CVV

Credit card Information

_____
credit card number

_____
expiration date

$ 25.00
total charge authorized*

**If you miscalculate your charge, the College will adjust the amount accordingly.*

Card Type
❍ Visa
❍ MasterCard
❍ American Express
❍ Discover

_____
cardholder signature date

Cardholder information (if different than student)

_____
last name first middle

_____
street address

_____
city state zip code

_____
phone (day): area code + number

_____
phone (eve): area code + number

Send completed form to the Registrar's Office

By Secure Document Upload: Use Purchase College Credentials to Log In
By fax: 914.251.6373
By mail: Registrar's Office, SUNY Purchase, 735 Anderson Hill Road, Purchase, NY 10577