

Student Records Credit Card Payment

Name

Company

Address

Address

City/Province

Postal Code

Phone Number

Visa/ MasterCard Number

Expiry Date

CVV # (3 digits next to signature on
the back of your card)

Amount

Signature

(CCE USE ONLY) Account
Codes

Please complete this form and either submit it as part of your secure Records Request. Please note that as soon as your one time payment has been processed all record of this form is deleted.