UNIVERSITY OF ALASKA SOUTHEAST

Registration Payment Form

Student Name *Last,* *First,* *M.I.* **Student ID**

Address *Street* *City* *State* *Zip*

Phones *Day* *Evening/Message*

Card Type: ☐ **Visa** ☐ **Mastercard** **Card Number**

Cardholder Name *Name as it appears on the card*

I authorize UAS to charge my credit Card : $ _____

Signature **Date**

Mail or FAX

Registration Cashier
UAS Business Office
11120 Glacier Highway
Juneau, AK 99801
Ph: (907) 796-6267
FAX: (907) 796-6006

Reset Print

DK012805