

## **Credit Card Authorization**

Card Type (Visa, MC, AmEx, etc):		Amount (US\$):		
Cardholder Name				
Card Number		CVV	Expiration Date	
Zipcode of Billing Address		Phone Number		
Customer/Student Name if different fr	om cardholder:			
Purpose:				
I,		, authorize Jo	hns Hopkins University to charge	
my card for the amount indicated abo	ve.			
Signature	Date			

SAIS	SAIS		Duplicate Diploma Order Form				
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	President, Dean an	nd Chairman of the Boar	d of Trustees a	cept that the signature of the are those of the current officers. In the University prepares for			
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Date of Request_	SIS ID #(six-digit , ex: A1B2C3) or Date of Birth:						
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Phone Numbe	er (required for interna	ational shipments):					
Signature		Date					
Subscribed and sv	vorn to or affirmed b	efore me this day	of				
Notary Public							
			- ^ 1				

PLEASE AFFIX SEAL