



Duplicate Diploma Order Form
SAIS DC Registrar, Nitze 3rd Floor
1740 Massachusetts Avenue NW, Washington DC 20036
Phone: 202.663.5708 Email: sais.dc.registrar@jhu.edu
Website: www.sais.jhu.edu

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 from cardholder: _____

Purpose: _____

I, _____, authorize Johns Hopkins University to charge my card for the amount indicated above.

Signature Date