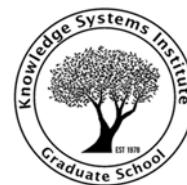


Knowledge Systems Institute

Charges & Fees

1 day RUSH Official Transcript Request	\$15
3 day processing Official Transcript request	\$10
Scanned Transcript copy (via email)	\$5
Special letter (<i>per page</i>) [attendance requests, student status verification, H1B RFE response documents, etc.]	\$45
OPT STEM Processing Fee	\$65
Returned Check/Direct Debit Fee	\$45
Diploma Reissue Fee (<i>postage not included</i>)	\$60
Handling fee for Rush Mail Processing (<i>for FedEx/UPS/USPS priority mail shipping + tracking</i>) [<i>not including postage</i>]	\$12



**Knowledge
Systems
Institute**

**Administrative
Office**

**3420 Main
Street
Skokie, IL 60076**

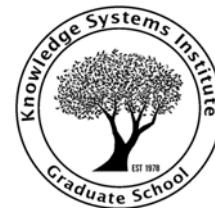
Email:
Office@ksi.edu

Phone:
847-679-3135

Fax:
847-679-3166

Credit Card Authorization Form

- Complete this form and submit to the Administrative Office (office@ksi.edu) or fax to 847-679-3166



Student Information:

Student First Name:	Student Last Name:
Telephone:	Email:

This forms needs to be completed by the cardholder. Please fill out the form in its entirety. For security purposes, please include the following:

- A clear photocopy of a government issued ID
- A clear photocopy of the card used. For security reasons, black out the first 12 digits only.

Full Name of the Cardholder:		
Type of Card: <input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AmEx		
Card Number:	Exp Date:	Billing Zip Code:
Payment Description:		
Payment Amount:		

Cardholder Certification and Signature:

I hereby certify that the information provided above is accurate and correct. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only.

I accept and agree to the payment outlined above to be charge to my credit/debit card. In addition, I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature of Cardholder: _____ Date: _____

**Knowledge
Systems
Institute**

**Administrative
Office**

**3420 Main
Street
Skokie, IL 60076**

Email:
Office@ksi.edu

Phone:
847-679-3135

Fax:
847-679-3166