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Office of Admissions and Records

PLEASE TYPE OR PRINT LEGIBLY.

Temporary Payment Option - Payment Form for Tuition

Date of Request: _____

Student ID or Social Security Number: _____

Name: _____

Other name or alias: _____

Street Address: _____

City, State, Zip: _____

Birthdate: _____

Phone: _____

NOTICE: Online payment is temporary down due to upgrade. Please fill out this form for payment and send it to :
 LPC-Admissions@laspositascollege.edu

Your payment will be processed within 24 or 48 hours and admissions will mail a receipt to you.

TYPE OF PAYMENT:

VISA MASTERCARD #: _____ EXP. DATE: _____

I authorized Las Positas College to charge my credit card for the following amount: \$ _____ Cardholder's Signature: _____

PRINT THIS FORM & SIGN.

Student's Signature: _____ Date: _____