TEAS TESTING PAYMENT FORM

Three Rivers Community College

Test Date: ______________________

PLEASE CHECK YOUR STUDENT TYPE: SELECT ONE, PLEASE.

Student Type

☐ Community College Student: $15  
Banner ID # ______________________________

☐ Non Community College Student: $35  
College of Interest ________________________

CONTACT INFORMATION

Your name: ___________________________________________

Street address: _______________________________________  
Town: ____________________  
State: ___

Phone: ________________________________  Email: _______________________________________

Last 4 digits of your Social Security # __ __ __  -or-  Banner ID# ________________________________

PAYMENT INFORMATION

CHECKS or MONEY ORDERS (Made out to TRCC) or CREDIT CARD PAYMENTS ONLY. SORRY, BUT WE CANNOT ACCEPT CASH.

Amount of check or money order: $____________________________

CREDIT CARD PAYMENTS

I authorize Three Rivers Community College to charge my

☐ Visa  ☐ Discover  ☐ MasterCard

Card number #______________________________  Amount: $________________

Expiration date: ______________  Zip Code: _____________  Security Code from back of card: ___ ___ ___

Signature: _____________________________________  Date: ______________________________

For Office Use Only: