Tulane University
LAW SCHOOL

NAME _____ **SOCIAL SECURITY NUMBER** _____ A - 11

LSAC ACCOUNT NUMBER L _____

TULANE LAW SCHOOL
Office of Admission
John Giffen Weinmann Hall
6329 Freret Street
New Orleans, LA 70118
tel 504.865.5930 *fax* 504.865.6710
admissions@law.tulane.edu
www.law.tulane.edu

If you wish to charge the application fee through Tulane rather than through LSAC, you will need to complete, print out, and mail this form to Tulane. It will not be transmitted electronically.

CREDIT CARD PAYMENT FORM

Applicant Name _____
First *Middle* *Last (Family surname)*

Applicant Social Security Number _____

Applicant Telephone Number _____
Area Code *Phone Number*

Type of Card: ☐ VISA ☐ MASTERCARD (Check one)

Charge Amount: $60 [X] APPLICATION FEE

Card Number _____

Expiration Date _____
MM/YY

Cardholder's Name _____

Cardholder's Address
(if different from Applicant) _____
Number, Street and Apartment

_____
City, State, if USA (Country, if not USA) and ZIP Code

Cardholder's Signature X _____

FOR OFFICE USE ONLY

Date processed: _____ Transaction No.: _____

Initials: _____ Approval Code: _____