

DHS SEVIS SCHOOL CERTIFICATION PAYMENT

*Please note that all fields with an asterisk are required.

School Name * :

School District / Affiliation / System :

School Code * :

*Please enter "NONE" if School Code has not been assigned.

School Address * :

School City * :

School State * :ALABAMA - AL

School Zip / Postal Code * :

School Contact Prefix :

School Contact First Name * :

School Contact Middle Name :

School Contact Last Name * :

School Contact Phone Number * :

Payment Type * :Credit Card ACH

Amount * : \$0.00