



## Third Party Authorization Form

### To Be Completed By Student

Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(First and Last Name)

Address: \_\_\_\_\_  
(Street, city, state, zip code)

Telephone: (\_\_\_\_\_) \_\_\_\_\_ School Email: \_\_\_\_\_

### To Be Completed By Third Party Agency

*Note to student: Please provide your employer with a copy of your statement to aid in their completion of this portion of the form*

Third Party Agency: \_\_\_\_\_

Billing Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Telephone: (\_\_\_\_\_) \_\_\_\_\_ Contact Email: \_\_\_\_\_

Please check appropriate semester(s) authorized for payment:  Fall  Spring  Summer

Course Title	CRN	No. of Credit Hrs

Are Course Specific Fees to be included?  Yes  No Total Amount Authorized: \$ \_\_\_\_\_

Is the student to receive any financial aid awarded for use on related educational expenses?:

- Yes, all types of aid can be released to the student
- Only aid from loans can be released to the student
- No, no aid is to be released to the student

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Employer Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**By this signing the Third Party Authorization form, the Student and Third Party/Sponsor Agency agrees to pay the total amount of tuition and other charges set forth. The Student understands that the submission of this signed form releases any financial information to the Third Party and other Sponsoring Agency for collection of payments. If for any reason the Third Party/Sponsor Agency does not pay the invoice charges, the Student is responsible for paying the outstanding balance by the end of the semester. All outstanding balancing not paid in full by either the Student or Third Party/Sponsor Agency will be forwarded to a Collection Agency.**

**Community College of Aurora**  
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