



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.

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