



3rd Party Tuition Authorization

Date: _____

To Whom It May Concern:

Please bill _____ for the students enrolled in the class listed below.

Class Title: _____

CRN# (s): _____

Semester: (circle one) Fall Spring Summer Year: _____

<u>Students Name w/middle initial</u>	<u>Birthdate or Last four of SS#</u>	<u>Tuition only (Y or N)</u>	<u>Pay all charges (Y or N)</u>
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____
6. _____	_____	_____	_____
7. _____	_____	_____	_____
8. _____	_____	_____	_____
9. _____	_____	_____	_____
10. _____	_____	_____	_____

Billing/Invoice Information:

Entity name: _____

Address: _____

City, State, zip: _____

Name of contact person: _____

Phone number: () _____

Email Address: _____

Sincerely,

(signature of representative of entity/company)