

## Third-Party Billing Authorization

Attach the official authorization letter or voucher from your sponsor. Submit before the payment deadline.

### Student Information

**Student Name****Student ID****Email \*****Phone**

### Third-Party Sponsor Information

**Company/Organization Name \*****Billing Contact Name****Address \*****City****State****ZIP****Phone****Email**

**Billing Details**

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**Authorization/Voucher Number**

**Maximum Amount Authorized \***

**Tuition**

**Fees**

**Books**

**Housing**

**Meal Plan**

**Student Responsibility**

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I understand I am responsible for any balance not covered by the sponsor

**Student Signature**

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Date: 

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Sign above

**Date**

(MM/DD/YYYY)