

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

Authorization/Voucher Number

Maximum Amount Authorized *

Tuition

Fees

Books

Housing

Meal Plan

Student Responsibility

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

Student Signature

Sign above

Date:

Date

(MM/DD/YYYY)