

Third Party Authorization for Billing

1. Student Information

Student Name: _____ Student ID Number: _____

Phone Number: _____ Email: _____

Term: _____ Date: _____

Indicate the institution you attend:

Bon Secours Memorial College of Nursing (BSMCON)

Bon Secours St. Mary's Hospital School of Medical Imaging (SOMI)

Southside College of Health Sciences (SCHS)

2. Funding Organization / Agency Information

Organization: _____

Contact Name: _____ Phone Number: _____

Billing Address: _____

Fax Number: _____ Email: _____

3. Funding Information

Dollar Amount: _____ Account #: _____

Should student grants be applied PRIOR to your agency funding? Circle answer: YES NO

4. Statement of Understanding

In accordance with policy ADM 4.04 I understand that I must attach a copy of my sponsorship award letter to this document in order for the Bursar's Office to bill my third party sponsor. I also understand that signing this Third Party Authorization for Payment does not relieve me of any financial responsibility to Bon Secours Memorial College of Nursing/Bon Secours St Mary's School of Medical Imaging/Southside College of Health Sciences since I am ultimately responsible for my entire student account balance.

If the Bursar's Office does not receive payment from my third party sponsor by the end of the applicable term, I understand I will be responsible for the unpaid balance. Any unpaid balance will cause my account to be placed on hold and will prevent me from registering for subsequent terms and/or receiving a diploma and transcript.

Student Signature: _____ Date: _____