**Third Party Authorization for Billing**

1. **Student Information**

Student Name: Student ID Number:

 Address: City State Zip Code

1. **Funding Organization / Agency Information**

Organization:

Contact Name: Phone Number: ( )

Billing Address:

Fax Number: ( ) Email:

1. **Funding Information**

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

Semester covered by funding:

If authorizing 100%, please check the appropriate box: **OR** Specify dollar amount below:

Tuition & Fees **$**

Books/Supplies/Materials **$**

Application Fee **$**

Other: **$**

1. **Statement of Understanding**

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/St Mary’s School of Medical Imaging 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: