

Third Party Authorization for Billing

1. Student Information

Student Name: _____ Student ID Number: _____
Address: _____ City _____ State _____ Zip Code _____

2. Funding Organization / Agency Information

Organization: _____
Contact Name: _____ Phone Number: (____) _____
Billing Address: _____
Fax Number: (____) _____ Email: _____

3. 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	<input type="checkbox"/>	\$ _____
Books/Supplies/Materials	<input type="checkbox"/>	\$ _____
Application Fee	<input type="checkbox"/>	\$ _____
Other: _____	<input type="checkbox"/>	\$ _____

4. 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: _____