



Third Party Billing Authorization Form

Semester: _____

This authorizes: _____
(Student's Name) (Student ID #)

To Enroll in:	Course CRN#	Course CRN#
	Course Name	Course Name
	Course CRN#	Course CRN#
	Course Name	Course Name

3rd Party Information

Company Name _____

Contact Person _____

Street Address _____

City, State, Zip _____

Business Phone _____

Email Address _____

The Third Party noted above agrees to be responsible for the following costs (check all that apply):

<input type="checkbox"/> Tuition	<input type="checkbox"/> Textbooks
<input type="checkbox"/> Differential Tuition	<input type="checkbox"/> Parking Pass
<input type="checkbox"/> Other Fees:	
<input type="checkbox"/> Maximum Amount Authorized for this Student (if applicable)	

Third Party's Authorized
 Signature: _____

Print Name & Title: _____

It is the policy of the College to protect our students' right to confidentiality per the *Family Educational Rights and Privacy Act* (FERPA). By participating in a Third Party Agreement, you grant authorization to Coconino Community College to release to your sponsoring agency information pertaining to assessed tuition and registration fees, financial aid and enrollment

Signature: _____ Date: _____

Third Party agrees to be responsible for payment of charges checked above. If a student fails to complete the course work or stops attending class, or employment with third party is terminated, the student is not relieved of their obligation to pay Coconino Community College.