Chesapeake College
Sponsorship Billing Authorization Form
Business Office, P.O. Box 8, Wye Mills, MD 21679

Please present this form at the time of registration, or fax to the Business Office at 410-827-5852, prior to registering.

We authorize Chesapeake College to bill our company for the student(s) listed below and the appropriate charges for the following term **(circle one)** **Fall** **Winter** **Spring** **Summer** _____ **Year**. We will assume responsibility for **(circle appropriate choice)** tuition and fees **OR** tuition, fees, and books.

_____ _____

Student Name (Please print) **Student Social Security Number or ID Number**

Course Titles and Section Numbers:

_____

_____

_____

Please send the bill to the following:

_____ _____

Company Name Authorized Individual (Please Print Name)

_____

Email Address (**provide <u>only</u> if you prefer to receive invoices electronically instead of by mail**)

Mailing Address (**Required**):

_____

Street Address/P.O. Box City or Town State Zip

_____ _____

Phone: Federal ID #

_____ _____

Signature of Authorized Individual **(Required)** Date

If this bill remains unpaid at the end of the semester, the charges will revert back to the student's account and he/she will be held accountable. The student will not receive grades or transcripts and will not be allowed to register until the account is paid in full.

Please note: Students may apply for and/or receive Financial Aid from other sources. Under the Federal Right to Privacy Act, Chesapeake College cannot disclose any student information without the written consent (on a separate form) of the student.

_____ _____

Student Signature **(Required)** Date

An E.O. Institution