



Third Party Authorization Form

To Be Completed by Student

Name: _____ Student ID Number: _____
(Last, First Name)

Mailing Address: _____
(Street, city, state, zip code)

Telephone: (_____) _____ Email: _____

To Be Completed by Third Party Agency

Third Party Agency Name: _____

Billing Address: _____

Billing Contact Name: _____ Contact Email: _____

Telephone: (_____) _____ Fax: (_____) _____

Please circle appropriate semester for authorization of payment: **Fall** **Spring** **Summer**

Section	CRN	No. of Credit Hrs.	Course Title

Authorized Amount: _____

Student Signature: _____ Date: _____

Authorized Party Signature: _____ Date: _____

By signing the Third Party Authorization form, the Student and Third Party/Sponsor Agency agrees to pay the total amount of tuition and other charges set forth. Also, the Student understands with submission of this form releases any financial information to the Third Party and other Sponsoring Agency for collection of payments. If for any reason the Third Party/Sponsor Agency does not pay the invoice charges, the Student is responsible for paying the outstanding balance by the end of the semester. All outstanding balancing not paid in full by either the Student or Third Party/Sponsor Agency will be forwarded to a Collection Agency.

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ThirdPartyBilling@ccd.edu

Office Use Only: Date Received _____