



## Third Party Authorization Form

### To Be Completed by Student

Name: \_\_\_\_\_  
(Last, First Name)

Student ID Number: \_\_\_\_\_

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.

**Community College of Denver**

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Office Use Only: Date Received \_\_\_\_\_