

South Central College Authorization for Payment



FARIBAULT · NORTH MANKATO

South Central College
Attn Patty Bittner-Third Party Billing
PO Box 1920
North Mankato MN 56002-1920
Phone 507.389.7227
Fax 507.388.9951
Patricia.bittner@southcentral.edu

Student Name: _____ Student ID Number: _____
(Student ID # preferred; Will accept Social Security Number)

1. Funding Organization / Agency Information

Purchase order #: _____

Customer ID Number (found on upper left hand corner of invoice): _____

Organization: _____

Contact Name: _____

Billing Address: _____

Phone Number: _____ Email: _____

State ID #: _____ Federal ID #: _____
(If applicable) (If applicable)

Authorized Signature: _____ Date: _____

3. Funding Information

Should student grants be applied PRIOR to your agency funding?

YES NO

Term covered by funding:

Funding expiration date:

If authorizing 100%, please check appropriate box:

Tuition Only

Tuition & Fees

Books/Materials

School Supplies

Application Fee

Continuing Education

Other: _____

Specify dollar amount below:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

4. Student Release

I, the undersigned, hereby authorize South Central College to disclose any necessary educational data/information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or Federal Family Education Rights and Privacy Act. I understand by signing the Informed Consent Form that I am authorizing South Central College to release or receive information that would otherwise be private and not accessible to them. I understand that without my consent, such information could not be released. This consent expires upon completion of agency funding, or after one year, whichever comes first. I am giving this consent freely and voluntarily, and I understand the consequences of giving my consent.

Student Signature: _____ Date: _____