

# South Central College Authorization for Payment



FARIBAULT · NORTH MANKATO

South Central College  
Attn Emily Carlson-Third Party Billing  
PO Box 1920  
North Mankato MN 56002-1920  
Phone 507.389.7227  
Fax 507.388.9951  
Emily.Carlson@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: \_\_\_\_\_