

Chesapeake College

Sponsorship Billing Authorization Form

Please deliver 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 below listed student and the appropriate charges for the (fall, winter, spring, summer) _____ term. We will assume responsibility for (check appropriate box) tuition and fees OR tuition, fees, and books.

Student name

Student Social Security Number

Course Titles and Section #:

Please send the bill to the following name and address:

Company Name

Authorized Individual (Please Print Name)

Mailing Address

City or Town

County

State

Zip

Phone

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.