



**Kirkwood Community College**  
**Community Training & Response Center/Environmental Training**  
**PO Box 2068**  
**Cedar Rapids, IA 52406-2068**

**Sponsorship Billing Authorization Form**  
**Non-Credit Programs**

Please complete and fax or mail to: 319/398-1250 prior to the start of your class.

Date: \_\_\_\_\_

We authorize Kirkwood Community College to bill our company for the below listed student and class(es). We will assume responsibility for tuition.

Student name: \_\_\_\_\_

Student address: Street: \_\_\_\_\_  
 City: \_\_\_\_\_  
 State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Student Email address: \_\_\_\_\_

Student SSN or Kirkwood ID #: \_\_\_\_\_

Course #	Class Title	Class Dates	Class Tuition

Please send the bill to the following name and address:

Company name: \_\_\_\_\_

E.I.N.: \_\_\_\_\_ Attention: \_\_\_\_\_

Address \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone: \_\_\_\_\_

Credit Card If you would like to pay by company credit card and not be billed please provide:

CC type  MasterCard  Visa  Discover

CC# \_\_\_\_\_ Expiration date \_\_\_\_\_

If this bill remains unpaid at the end of the class, the charges will revert back to the student's account and he/she will be held accountable. The student will not receive CEU's or transcripts and will not be allowed to register until the account is paid in full.

Please note: Under the Federal Right to Privacy Act, Kirkwood Community College cannot disclose any student information without the written consent (on a separate form) of the student.

\_\_\_\_\_  
 Student Signature **(required)**

\_\_\_\_\_  
 Authorized Company Signer's printed name

\_\_\_\_\_  
 Authorized signature **(required)**