

**Kirkwood Community College
Business Office
PO Box 2068
Cedar Rapids, IA 52406-2068**

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

Please complete and fax or mail to the Business Office at 319 – 398 - 7185 prior to the start of your class.
(Registration is **REQUIRED** prior to returning this form).

To: Kirkwood Community College

Date: _____

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

PLEASE PRINT LEGIBLY:

Student name:	Student SSN #:	Registration #	Class Title	Class Tuition

Please send the bill to the following name and address:

Company/City: _____

Attention: _____

Address: _____

Phone: _____

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 any credit 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.

Authorized Company Signer's printed name

Authorized signature (**required**)