

BARTON COUNTY COMMUNITY COLLEGE
245 NE 30 Road, Great Bend, KS 67530
3rd PARTY BILLING AUTHORIZATION FORM

Semester _____

This authorizes _____
(Student's Name) (Student ID Number)

To enroll in _____
Course CRN# and Course Name

Employer (3rd Party) Information:

Company Name _____

Contact person _____

Street Address _____

City, State, Zip Code _____

Business phone _____

Email address _____

THE ABOVE EMPLOYER AGREES TO BE RESPONSIBLE FOR THE FOLLOWING COSTS:

_____ Tuition & Student Fees

_____ Textbook Costs

_____ Workshop or extra fees

_____ Other _____

_____ Total Amount authorized (if known)

Authorization Signature _____ Date _____

(Employer - 3rd Party)

Print name and title _____

Student is responsible for remainder of charges.

Employer (3rd party) agrees to be responsible for payment of charges checked above. If a student fails to complete the course work or stops attending class, or employment is terminated, the employer (3rd party) is not relieved of their obligation to pay Barton County Community College.

*Please fax 620-786-1160 or email businessoffice@bartonccc.edu this completed form.
The charges will remain on the student's account until this form is returned to the Business Office.*