

# **Company Billing Authorization**

Please complete											
Owens Communi	• •	e					-	For Of	fice Use Only		
Attn: Billings Spe	ecialist										
30335 Oregon Ro				22			-	Date en	tered		
Perrysburg OH 43551									<b>D</b> <sub>11</sub>		
Or email to: thirdparty@owens.edu									Ву		
For more information, call (567) 661-7859.							Company ID				
<b>General Info</b>	rmatio	n									
Authorization is	valid for o	one semester o	only.								
Semester: F	Fall	Spring	Summer	Year							
Organization						Phone		F	ax		
Street					City		St	ate	Zip		
Contact Person						Campus:	Toledo-ar	ea	Findlay-area		
E-mail					]	Please email invoic	ces: Yes	s No	)		

E-mail

#### ${}^* Tuition\, rates\, are\, subject\, to\, change\, based\, upon\, Board\, of\, Trustees\, approval.$

Costs eligible for billing	Percentage	Maximum	Use financial aid first?	Yes	No
Tuition: \$193.00 per credit hour	%	\$	List any billing requirem	ents:	
Non General Fees	%	\$	_		
Lab Fees	%	\$	_		
Registration Fee	%	\$			
Parking Fee	%	\$			
Textbooks	%	\$			
Supplies	%	\$			
Application Fee: \$20	%	\$			
Academic Service Support Fee: \$110	%	\$			
New Student Orientation Fee: \$65	%	\$			
Late Registration Fee: \$50	%	\$			
Misc:	%	\$			
Total	%	\$			



## **Company Billing Authorization**

#### Authorization for release of student grade (please check one)

Grades are not to be distributed to the organization.

Grades are to be distributed to the organization. (If checked, then Owens Community College requires the signatures of each student who is to be enrolled.)

The student(s) signing below hereby authorize Owens Community College to release grades to their employer and/or organization at the conclusion of the semester indicated below. Also, by signing below, the student(s) gives Owens Community College the permission to discuss with their employer and/ or organization information regarding their financial aid and/ or student account and is aware that the privacy of the aforementioned information would otherwise be protected by Federal law and not accessible to an employer and/or organization.

Semester: Fall Spring Summer Year

Student's Name (print)	OCID Number	Student's Signature (required)



## **Company Billing Authorization**

The following signature authorizes Owens Community College to bill your organization/company for the costs indicated on the previous page, for the listed student(s). In the event that any listed student(s) should terminate or be terminated with your organization/company, and the student(s) is not officially withdrawn prior to the start of classes, or drops classes anytime during the semester, your organization/company agrees to honor its financial obligation to the College. Owens Community College has the right to rescind your authorization at the College's discretion.

The company signed below accepts responsibility for any tuition, fees or other expenses incurred by registering for the class(es) noted on the attached sheet(s). If the account is unpaid it may referred to the Ohio State Attorney General's Office for further collections, resulting in additional fees and interest that the student agrees to pay.

**College Representative** 

Organization-Authorized Signature

**College Authorization** 

Title

Date