

(COMPANY LETTERHEAD)

Date: (Date)

To: Washtenaw Community College
Student Accounting/Accounts Receivable
4800 E. Huron River Dr.
Ann Arbor, MI 48105-4800

SAMPLE

THIRD PARTY/SPONSOR Information:

RE: (Student(s) Name)
(Student(s) ID#)

We authorize Washtenaw Community College Accounts Receivable Department to invoice us for the above Student(s) for the Term of **(Winter, Spring/Summer or Fall)** Semester. Approved costs are; **(Please list Tuition, Fees, Books and Supplies and limits or specifics if any)**

sample: (Tuition for PSY100 and required text only)

sample: (All Tuition & fees)

Please send invoice to: (Sponsor Billing Address)

Third Party Authorized Signature: _____
Printed Name & Title: _____:

****PLEASE NOTE: All Student information** is protected by the FERPA Law. We must have written permission each semester to share this information with the sponsor. Please have the student(s) sign below.

STUDENT Information:

In compliance with FERPA(Family Educational Rights & Privacy Act) guidelines, I give my permission for Washtenaw Community College to release the following information to my Third Party/Sponsor for the specified Term above.

(Please list all that apply)

(sample) Financial:

(sample) Course Information:

(sample) Credit Hours enrolled:

(sample) Grades:

Signed& Dated: (Student Signature)
Printed Name : (Student Printed Name)