



Authorization for Payment

Attn: Third Party Billing
3300 Century Avenue North
White Bear Lake, Minnesota 55110

Phone: 651.779.3341
Fax: 651.779.5802
cect@century.edu

Continuing Education and Customized Training Department

1. Student Name _____ Date of Birth ____/____/____
Address _____ City _____ State _____ Zip _____
Phone _____ Email Address _____
Course Name _____ Course Start Date _____

2. Funding Organization / Agency Information

Purchase Order or Authorization # _____
Organization _____
Contact Name _____ Phone _____ Email _____
Billing Address _____ City _____ State _____ Zip _____
State ID # _____ Federal ID # _____
(if applicable) (if applicable)

3. Funding Information

If authorizing 100%, please check appropriate box: **OR** Specify dollar amount below:

<input type="checkbox"/> Tuition	\$ _____
<input type="checkbox"/> Books/Materials	\$ _____
<input type="checkbox"/> School Supplies	\$ _____

Term covered by funding _____ Funding expiration date _____

4. Student Release

I, the undersigned, hereby authorize **Century College** to disclose any necessary educational data/information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or the Federal Family Education Rights and Privacy Act. I understand by signing this form that I am authorizing **Century College** to release or receive information that would otherwise be private and not accessible to them. I understand that without my consent, such information could not be released. This consent expires upon completion of agency funding, or after one year, whichever comes first. I am giving this consent freely and voluntarily, and I understand the consequences of giving my consent. I further understand that if funding is not granted through the above mentioned Funding organization or Agency, that I am personally responsible for all related course fees, materials and tuition fees.

Student Signature _____ Date _____

THIS FORM IS FOR CONTINUING EDUCATION CLASSES ONLY.