

# Great Falls College MSU Third Party Billing Authorization Form

Student Accounts - 2100 16<sup>th</sup> Ave So. - Great Falls, MT 59405

Telephone: (406) 771.4315 Fax: (406) 771.5117

Academic Yr.: \_\_\_\_\_

Fall:  Spring:  Summer:

Dept./Sponsor Name & Address

Contact Person: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_\_

Student Name	ID/SSN

Authorized Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Check **ONLY** those that apply:

Tuition & Mandatory Fees Limited

Tuition Amount: \$ \_\_\_\_\_

Fee Amount: \$ \_\_\_\_\_

No limit on Tuition & Mandatory Fees

Books and/or Supplies

Book(s) Amount: \$ \_\_\_\_\_

Supply Amount: \$ \_\_\_\_\_

No limit on Books and/or Supplies

## Authorization to Release Information

I hereby authorize Great Falls College MSU to discuss and/or release the following information to:

Name/Parent: \_\_\_\_\_

Business/Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

To discuss and/or release the following information:

Billing/Payment     Financial Aid Info.     Enrollment/Attendance     Grades/Academic History

Class Participation

Additional Information: \_\_\_\_\_

Student Signature: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_

Authorization Expiration Date: \_\_\_\_\_