

Third Party Authorization Letter

Please forward this letter, or a reasonable facsimile, on company letterhead to any MCC campus business office via fax, mail, or in person. For a listing of campus contact information please visit www.mcckc.edu/ThirdPartyContacts

Date: _____ Semester: Spring Summer Fall Year: _____

Student Information

Name: _____

MCC Student ID #: _____ or Last four digits of SS#: _____

Phone: _____

Billing Information

Company/Organization Name: _____

Contact Name: _____

Address: _____

Phone: _____ Fax: _____ E-Mail: _____

Payment authorized regardless of other funding source(s)? Yes _____ No _____

If No, please explain: _____

This form confirms the company/organization referenced above is responsible for payment to MCC for the following costs:

Tuition \$ _____ Lab/Program Fees \$ _____ General Fee (\$10) _____ Books \$ _____ Supplies \$ _____

Total \$ _____

Credit Hours _____

Authorized Signature

Date