HARTNELL COLLEGE

THIRD PARTY SPONSOR DIRECT BILLING AUTHORIZATION

This completed form allows Hartnell College to bill the studentôs sponsor directly. Student should present this form (with all required signatures) to the Cashier at the time of registration.

Sponsor Agreement			
By submitting this form, the sponsor named below agrees to pay Hartnell College directly for the specified amount of fees below as set forth in the payment terms of the Sponsorship Agreement.			
Student Name:		**Student ID #:**	
Sponsor Name:		**Sponsor #**	
Sponsor Billing Address:			
Sponsor Contact Name:		**Title:**	
Sponsor Phone #: **Sponsor e-mail :**		**Sponsored maximum per term amount, if any.**	**(For Sponsor Use Only)** $ _____
Sponsor Covered Fees (Y or N):	**Enrollment Fee:** ☐ **Activity Fee:** ☐ **ID Card:** ☐		
Total Amount to be Paid: (Cashier Use Only)	**Enrollment Fee: $** _____ **Activity Fee: $** _____ **ID Card: $** _____	**Semester:**	**FA:** _____ **SP:** _____ **SU:** _____
GL Acct #, if Grant Funded			

REVIEW & APPROVAL

_____
Print Name of Sponsor Authorized Officer Date

REVIEW & APPROVAL

_____
Sponsor Authorized Signature Date

REVIEW & APPROVAL

_____
Hartnell's Vice President of Administrative Services or Controller Date

STUDENT AGREEMENT

I, _____, have registered for the _____ (summer, fall or spring) of ____ (year). I acknowledge that although my sponsor will be billed for these charges, the account is still in my name and therefore I am ultimately responsible for any unpaid charges. I also understand that due to non-payment as of the scheduled due date, Hartnell College has the right to drop my classes or place a hold on my account that prevents further registration, access to grades, transcripts, or graduation.

_____

Studentôs Signature **Date**

rev 05-14