



Your time. Your place.
Chesapeake College

Division of Continuing Education & Workforce Development
 P.O. Box 8, Wye Mills, MD 21679 | ce@chesapeake.edu

SPONSORSHIP BILLING AUTHORIZATION FORM

INSTRUCTIONS

Please present this form at the time of registration, or fax to the Business Office at 410-827-5852 prior to registering.

We authorize Chesapeake College to bill our company for the student listed below and the appropriate charges for:

_____ TERM (IE. FALL, WINTER, SPRING, SUMMER) _____ YEAR

We will assume responsibility for (check one): Tuition and fees Tuition, fees, and books

_____ STUDENT NAME (PLEASE PRINT) _____ STUDENT SOCIAL SECURITY NUMBER OR ID NUMBER

COURSE INFORMATION

Course Number	Course Title	Start Date

PLEASE SEND THE BILL TO THE FOLLOWING:

_____ COMPANY NAME _____ AUTHORIZED INDIVIDUAL (PLEASE PRINT)

_____ EMAIL ADDRESS (ONLY IF YOU PREFER TO RECEIVE INVOICES ELECTRONICALLY RATHER THAN BY MAIL.)

MAILING ADDRESS (REQUIRED)

_____ STREET ADDRESS / PO BOX _____ CITY _____ STATE _____ ZIP

_____ PHONE _____ FEDERAL ID NUMBER

_____ SIGNATURE OF AUTHORIZED INDIVIDUAL (REQUIRED) _____ DATE

If this bill remains unpaid at the end of the semester, the charges will revert back to the student's account and he/she will be held accountable. The student will not receive grades or transcripts, and will not be allowed to register, until the account is paid in full.

Please note: Students may apply for and/or receive Financial Aid from other sources. Under the Federal Right to Privacy Act, Chesapeake College cannot disclose any student information without the written consent (on a separate form) of the student.

_____ STUDENT SIGNATURE (REQUIRED) _____ DATE