## **Third Party Authorization Letter – Tuition & Fees**

Please forward this letter, or a reasonable facsimile, on company letterhead to <a href="MCC.ThirdParty@mcckc.edu">MCC.ThirdParty@mcckc.edu</a>, or in person to an MCC campus business office. For a listing of campus contact information please visit <a href="www.mcckc.edu/ThirdPartyContacts">www.mcckc.edu/ThirdPartyContacts</a>.

| Date:   | Semester (choose on          | e): 🗖 Spring     | ☐ Summer          | ☐ Fall               |
|---|------------------------------|------------------|-------------------|----------------------|
| Student Information   | <u>1</u>                     |                  |                   |                      |
| Name:   | Daytime Phone:               |                  |                   |                      |
| MCC Student ID #:   | or Last Four Digits of SSN#: |                  |                   |                      |
| Billing Information   |                              |                  |                   |                      |
| Company/Agency Na   | ame:                         |                  |                   |                      |
|   |                              |                  |                   |                      |
|   |                              |                  |                   |                      |
|   | Fax:                         |                  |                   |                      |
| This form confirms as specified below:  | the company/agency           | referenced abov  | ve is responsible | e for payment to MCC |
| Payment authorized regardless of other funding source(s): ☐ Yes ☐ No                          |                              |                  |                   |                      |
| Tuition: \$   | or <b>1</b> 00%              | Instructional Fe | es: \$            | or <b>1</b> 00%      |
| Max Amount: \$  | Other:                       |                  |                   |                      |
| vouchers must be with Follett Highe MCC's bookstore sel Phone: (816) 604-21 Email: 1515asm@fo | 189                          |                  | Signature         | Date                 |
| For Office Use Only  Term: Priority: □ HP □ LP □ MP Date Assigned:                            |                              |                  |                   |                      |
| Org ID:   | Contract #:                  |                  |                   |                      |