

**BARTON COUNTY COMMUNITY COLLEGE**  
245 NE 30 Road, Great Bend, KS 67530  
**3<sup>rd</sup> PARTY BILLING AUTHORIZATION FORM**

Semester \_\_\_\_\_

This authorizes \_\_\_\_\_  
(Student's Name) (Student ID Number)

To enroll in \_\_\_\_\_  
Course CRN# and Course Name

Employer (3<sup>rd</sup> Party) Information:

Company Name \_\_\_\_\_

Contact person \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Business phone \_\_\_\_\_

Email address \_\_\_\_\_

THE ABOVE EMPLOYER AGREES TO BE RESPONSIBLE FOR THE FOLLOWING COSTS:

\_\_\_\_\_ Tuition & Student Fees

\_\_\_\_\_ Textbook Costs

\_\_\_\_\_ Workshop or extra fees

\_\_\_\_\_ Other \_\_\_\_\_

\_\_\_\_\_ Total Amount authorized (if known)

Please mark box if you want Financial Aid, Awards, Grants/Scholarships to apply before billing.

Authorization Signature \_\_\_\_\_ Date \_\_\_\_\_

(Employer - 3<sup>rd</sup> Party)

Print name and title \_\_\_\_\_

**Student is responsible for remainder of charges.**

Employer (3<sup>rd</sup> party) agrees to be responsible for payment of charges checked above. If a student fails to complete the course work or stops attending class, or employment is terminated, the employer (3<sup>rd</sup> party) is not relieved of their obligation to pay Barton County Community College.