

**Chesapeake College**  
**Sponsorship Billing Authorization Form**  
**Business Office, P.O. Box 8, Wye Mills, MD 21679**

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(s) listed below and the appropriate charges for the following term (**circle one**) **Fall Winter Spring Summer** \_\_\_\_\_ **Year**. We will assume responsibility for (**circle appropriate choice**) **tuition and fees** **OR** **tuition, fees, and books**.

\_\_\_\_\_  
**Student Name (Please print)**

\_\_\_\_\_  
**Student Social Security Number or ID Number**

**Course Titles and Section Numbers:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the bill to the following:

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

\_\_\_\_\_  
**Authorized Individual (Please Print Name)**

\_\_\_\_\_  
**Email Address (provide only if you prefer to receive invoices electronically instead of by mail)**

**Mailing Address (Required):**

\_\_\_\_\_  
**Street Address/P.O. Box**

\_\_\_\_\_  
**City or Town**

\_\_\_\_\_  
**State**

\_\_\_\_\_  
**Zip**

\_\_\_\_\_  
**Phone:**

\_\_\_\_\_  
**Federal ID #**

\_\_\_\_\_  
**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**

*An E.O. Institution*

PHONE: 410.822.5400, ext. 2218    TDD: 410.827.9164    www.chesapeake.edu