

## **SCHS Third Party Authorization for Billing**

### **1. Student Information**

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
Phone Number: \_\_\_\_\_ Email: \_\_\_\_\_  
Term: \_\_\_\_\_ Date: \_\_\_\_\_

### **2. Funding Organization / Agency Information (please select below)**

Organization:  Veterans Affairs – Chapter 31  Veterans Affairs – Chapter 33  Bright Horizons EdAssist  
 Virginia 529  Invest 529  American Funds  Other, please specify: \_\_\_\_\_  
Contact Name: \_\_\_\_\_ Phone Number: ( ) \_\_\_\_\_  
Billing Address: \_\_\_\_\_  
Fax Number: ( ) \_\_\_\_\_ Email: \_\_\_\_\_

### **3. Funding Information**

Dollar Amount: \_\_\_\_\_ Account #: \_\_\_\_\_

Should student grants be applied PRIOR to your agency funding? Choose answer: YES NO

#### 4. Statement of Understanding

In accordance with policy ADM 4.04 I understand that I must attach a copy of my sponsorship award letter to this document in order for the Bursar's Office to bill my third party sponsor. I also understand that signing this Third Party Authorization for Payment does not relieve me of any financial responsibility to Southside College of Health Sciences since I am ultimately responsible for my entire student account balance.

If the Bursar's Office does not receive payment from my third party sponsor by the end of the applicable term, I understand I will be responsible for the unpaid balance. Any unpaid balance will cause my account to be placed on hold and will prevent me from registering for subsequent terms and/or receiving a diploma and transcript.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_