Date: (Date)

To: Washtenaw Community College  
Student Accounting/Accounts Receivable  
4800 E. Huron River Dr.  
Ann Arbor, MI 48105-4800

THIRD PARTY/SPONSOR Information:

RE: (Student(s) Name)  
____ (Student(s) ID#)

We authorize Washtenaw Community College Accounts Receivable Department to invoice us for the above Student(s) for the Term of (Winter, Spring/Summer or Fall) Semester. Approved costs are; (Please list Tuition, Fees, Books and Supplies and limits or specifics if any)

Sample: (Tuition for PSY100 and required text only)  
Sample: (All Tuition & fees)

Please send invoice to: (Sponsor Billing Address)

Third Party Authorized Signature:______________________
Printed Name & Title:________________________________:

**PLEASE NOTE: All Student information is protected by the FERPA Law. We must have written permission each semester to share this information with the sponsor. Please have the student(s) sign below.

STUDENT Information:

In compliance with FERPA(Family Educational Rights &Privacy Act) guidelines, I give my permission for Washtenaw Community College to release the following information to my Third Party/Sponsor for the specified Term above. (Please list all that apply)

Sample) Financial:  
Sample) Course Information:  
Sample) Credit Hours enrolled:  
Sample) Grades:

Signed& Dated: (Student Signature)  
Printed Name : (Student Printed Name)