

Sponsorship Billing Authorization Form

**Kirkwood Community College
Business Office
PO Box 2068
Cedar Rapids, IA 52406-2068**

Non-Credit Programs

Please complete and fax or mail to the Marsha Willox at 319/398-5894 prior to the start of your class. *Please do not fill out a sponsorship billing authorization form if you plan to pay by credit card - only if you want your company to be billed for the class.*

(Registration is **REQUIRED** prior to returning this form).

To: Kirkwood Community College

Date: _____

We authorize Kirkwood Community College to bill our company for the below listed student(s) and class. We will assume responsibility for tuition.

Class Title _____

Course/Section # _____

Class Date(s) _____ **Class Tuition** _____

PLEASE PRINT LEGIBLY:

Student's name	Student's Address	Social Security #	Date of Birth

Please send the bill to the following name and address:

Company Name: _____

E.I.N.#: _____ (EIN is a nine-digit number (for example, 12-3456789) assigned to sole proprietors, corporations, partnerships, estates, trusts, and other entities for tax filing and reporting purposes.)

Attention: _____

Address: _____

Phone: _____

If this bill remains unpaid at the end of the class, the charges will revert back to the student's account and he/she will be held accountable. The student will not receive any credit and will not be allowed to register until the account is paid in full.

Please note: Under the Federal Right to Privacy Act, Kirkwood Community College cannot disclose any student information without the written consent (on a separate form) of the student.

Student Signature (**required**)

Authorized Company Signer's printed name

Authorized signature (**required**)

This form is used for all classes held at Kirkwood Community College and St. Louis University.

Credit Card Form for Payment

Kirkwood Community College/ MOEC CTRC – Environmental Training Center

STUDENT INFORMATION:

Social Security Number: _____/_____/_____ Colleague ID # _____

Last Name: _____ First Name: _____

CLASS INFORMATION:

Class Title: _____

Class Date: _____

Section: _____

Cost of class: _____

CREDIT CARD INFORMATION:

Credit Card: MasterCard Discover Visa

Credit Card : _____

Exp. Date: _____ / _____

Please send Receipt to:

Marsha Willox
Community Training & Response Center
Environmental Training Center
Midwest OSHA Education Center
6301 Kirkwood Blvd. SW
Cedar Rapids, IA 52404

**THIS SAME FORM IS ALSO USED FOR THE ST. LOUIS UNIVERSITY OSHA CLASSES.
THE CHARGE WILL REFLECT KIRKWOOD COMMUNITY COLLEGE.**