

**MID-STATE TECHNICAL COLLEGE
THIRD PARTY AUTHORIZATION FOR BILLING**

The organization named below is funding (student name) _____
_____, (student ID #) _____.

If multiple students are to be covered by this authorization, place an [X] in the box and attach a list of the student names and student ID numbers.

Please [X] All Applicable Fees That Will Be Authorized For Payment.

- MSTC Application Fee (\$30.00)
- Criminal Background Check Fee (\$15.00)
- Accuplacer Exam (\$20.00) [applicable only if student has not taken and is not using results from another comparable exam that is accepted by MSTC]
- Tuition and Materials Fee (will vary depending upon program)-check one
 - Specific Class/course number(s) _____ OR
 - Total amount _____
- Books (will vary depending upon program)-check one
 - Specific Class/course number(s) _____ OR
 - Total amount _____
- Other (be specific with name of item(s) and amounts): _____

By signing below, I accept responsibility for tuition/fees as stated above, regardless of the student's attendance or progress. Classes dropped prior to the first class meeting incur no tuition costs. For a complete description of MSTC's refund policy, please go to <https://www.mstc.edu/about-us/policies>.

Organization Name: _____

Federal ID #: _____

Billing Address: _____

Authorized Signature: _____ Date: _____

Contact Person & Phone #: _____

Contact E-mail address: _____

Please return form to: **Mid-State Technical College**
Shelly Weichelt
2600 W 5th Street
Marshfield, WI 54449
shelly.weichelt@mstc.edu (715)389-7042

FOR INTERNAL USE ONLY:	
<input type="checkbox"/>	Copy to Student Affairs
<input type="checkbox"/>	Copy to Bookstore
<input type="checkbox"/>	Copy to Testing Center
<input type="checkbox"/>	Copy to Financial Aid