

**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 <http://www.mstc.edu/students/policies.htm>**

Organization Name: \_\_\_\_\_

Federal ID #: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Contact Person & Phone #: \_\_\_\_\_

Contact E-mail address: \_\_\_\_\_

Please return form to: **Mid-State Technical College**  
**Megan Paul**  
**500 32<sup>nd</sup> Street N**  
**Wisconsin Rapids, WI 54494**  
**[Megan.paul@mstc.edu](mailto:Megan.paul@mstc.edu) (715)422-5406**

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