

**Chesapeake College**  
**Sponsorship Billing Authorization Form**  
**Business Office, P.O. Box 8, Wye Mills, MD 21679**

Please present this form at the time of registration, or fax to the Business Office at 410-827-5852, prior to registering.

We authorize Chesapeake College to bill our company for the student(s) listed below and the appropriate charges for the (check one)  fall  winter  spring  summer term, year \_\_\_\_\_. We will assume responsibility for (check appropriate box)  tuition and fees **OR**  tuition, fees, and books.

\_\_\_\_\_ **Student Name (Please print)** \_\_\_\_\_ **Student Social Security Number or ID Number**

Course Titles and Section Numbers:

\_\_\_\_\_ CEX 810 9B The Community Interpreter® International \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please send the bill to the following name and address:

\_\_\_\_\_ **Company Name** \_\_\_\_\_ **Authorized Individual (Please Print Name)**

Mailing Address:

\_\_\_\_\_ **City or Town** \_\_\_\_\_ **County** \_\_\_\_\_ **State** \_\_\_\_\_ **Zip**

Phone: \_\_\_\_\_ **Federal ID #** \_\_\_\_\_

\_\_\_\_\_ **Signature of Authorized Individual (Required)** \_\_\_\_\_ **Date**

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

**Please note: Students may apply for and/or receive Financial Aid from other sources. Under the Federal Right to Privacy Act, Chesapeake College cannot disclose any student information without the written consent (on a separate form) of the student.**

\_\_\_\_\_ **Student Signature (Required)** \_\_\_\_\_ **Date**



*An E. O. Institution.*