Chesapeake College
Sponsorship Billing Authorization Form

Business Office, P.O. Box 8, Wye Mills, MD 21679

Please deliver 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 below listed student and the appropriate charges for the ☐ fall ☐ winter ☐ spring ☐ summer term, year _____.
We will assume responsibility for (check appropriate box) ☐ tuition and fees
OR ☐ tuition, fees, and books.

_____ _____
Student name Student Social Security Number

Course Titles and Section Numbers:

_____

_____

_____

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 with out the written consent (on a separate form) of the student.

_____ _____
Student Signature (Required) Date