

**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 following term (**circle one**) **Fall Winter Spring Summer** \_\_\_\_\_ **Year**. We will assume responsibility for (**circle appropriate choice**) 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 115 9BBASIC SPANISH I

\_\_\_\_\_  
Please send the bill to the following:

\_\_\_\_\_  
Company Name

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

\_\_\_\_\_  
Email Address (**provide only if you prefer to receive invoices electronically instead of by mail**)

Mailing Address (**Required**):

\_\_\_\_\_  
Street Address/P.O. Box

\_\_\_\_\_  
City or Town

\_\_\_\_\_  
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