

Kirkwood Continuing Education Sponsorship Billing Form

Complete and fax or mail prior to the start of your class.

6301 Kirkwood Blvd SW | Cedar Rapids, IA | 52404
Phone: 319-398-1022 Fax: 319-398-7185

Date: _____

We authorize Kirkwood Community College Continuing Education to bill our company for the below listed student and class(es). We will assume responsibility for tuition.

Student Name: _____
Student Maiden Name/Alias: _____
Student Address: Street: _____
City: _____ State: _____ Zip: _____
Student Phone: _____ Receive Text Notifications? Yes No
Student Legally Assigned Gender: _____
Student Email Address: _____
Student SSN or Kirkwood ID #: _____
Student Date of Birth: _____

Some health related programs may have state or federal requirements for on-site participation. Please initial to grant Kirkwood permission to do the following:

Background Record Check: _____
Student Initials Required

Drug Testing: _____
Student Initials Required

Student Signature Required

Course #	Class Title	Class Dates	Class Tuition

Please send the bill to the following name and address:

Company Name: _____

Attention: _____

Address: _____

Email Address: _____ Receive Invoices Via Email? Yes No

Phone: _____

If you would like to pay by company credit card and not be billed please provide: MasterCard Visa
 Discover AmericanExpress

CC#: _____ Expiration Date: / Card ID (CVV2/CID) Number: _____

Card Holder Name: _____

Card Billing Address: _____

Please note: Under the Federal Right to Privacy Act, Kirkwood Community College cannot disclose any student information without the written consent (on a separate form) of the student.

Authorized Signer's Printed Name

Authorized Signature (Required)