

# Kirkwood Community College Continuing Education

## Sponsorship Billing Authorization Form - Non-Credit Programs

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

6301 Kirkwood Blvd SW  
Cedar Rapids, IA 52406-2068  
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 Address: Street: \_\_\_\_\_  
City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_  
Student Gender: \_\_\_\_\_  
Student Email Address: \_\_\_\_\_  
Student SSN or Kirkwood ID #: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_

Course #	Class Title	Class Dates	Class Tuition

Please send the bill to the following name and address:

Company name: \_\_\_\_\_  
Attention: \_\_\_\_\_  
Address: \_\_\_\_\_  
\_\_\_\_\_  
Email Address: \_\_\_\_\_  
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: \_\_\_\_\_

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

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.

\_\_\_\_\_  
Student Signature (**required**)

\_\_\_\_\_  
Authorized Company Signer's printed name

\_\_\_\_\_  
Authorized signature (**required**)