



Authorization of 3rd Party Billing

Student Information:

Student Name:

Student ID:

Funding Organization/Agency Information:

Organization:

Contact Name:

Phone Number:

Email:

Preferred Delivery of Invoice:

Authorized Signature:

Date:

Funding Information:

Should grants and/or scholarships be applied PRIOR to your agency funds: Yes No

Term Covered by Funding:

Authorization is only valid for one semester, please complete a new form for each future term

Authorizing: (please select either All charges or provide a specific amount

100% of All Charges - OR- Specified Dollar Amount

Tuition and Fees

\$

Require Books & Materials

\$

FERPA RELEASE & Signature

I, the undersigned, hereby authorize Concordia University to disclose any necessary education data or information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Federal Family Education Rights and Privacy Act. I understand by signing, I am authorizing Concordia University to release or receive information that would be private and not otherwise accessible to them. I understand that without my consent, this information will not be released. I understand this consent expires after one year. I am giving this consent freely and voluntarily and I understand the consequences of giving my consent.

Student Signature:

Date:

Once this completed to send:

Email: finaid@csp.edu

Mail: Concordia University
Attn: Financial Aid Office
1282 Concordia Ave.
St. Paul, MN 55104