



Authorization for Third Party Billing

If your organization (Third Party) is paying for you to attend a Workforce Development and Continuing Education course at The University of Akron and you are requesting that the Third Party be invoiced for the cost of the course, either a purchase order OR this "Authorization for Third Party Billing" form must accompany your registration.

Directions

1. Register for your non-credit class
 - By Telephone: Call 330-972-7577
 - By Fax: Send your registration to 330-972-7598. Our Fax machine receives 24 hours per day, seven days a week.
 - By Mail: Send your registration to The University of Akron, Akron Ohio 44325-4104.
 - In Person: Visit our office in the Polsky Building Room 466, 225 South Main Street, Akron (enter building on High Street).
 - Online: Visit our Web site at www.uakron.edu/ce.
2. After you have registered for your course, complete this form and include:
 - Your name, your phone number, mailing address, e-mail address, and the name of course(es) you are attending.
 - Name of Third-Party organization, address and billing address.
 - Name of authorizing person, title, and phone number.
 - Two signatures (your signature and the authorizing person's signature).

The University of Akron will invoice Third Party as indicated on the authorization when the course has started. Withdrawal requests must be received three business days prior to the first class. Failure to contact our office will result in full tuition invoicing.

Terms and Conditions

It is the student's responsibility to pay any difference on the account that is not covered by the authorization.

Failure to pay will result in withholding transcript and certificate. The student will be prevented from registering for any future classes at The University of Akron until the student account balance is paid in full. Further, the student may be liable for attorney fees and/or actual or reasonable collections costs which may be added to the "Total Amount Due".

As the student, I hereby acknowledge that I have read all of the provisions of the "Third Party Billing Application". I agree that I am responsible for any amount not paid by the Third Party mentioned below.

Student name and phone number (please print)	<u>X</u> Signature	Date
--	-----------------------	------

Student's mailing address	e-mail address
---------------------------	----------------

Course number, title and cost: # _____	\$ _____
--	----------

Course number, title and cost: # _____	\$ _____
--	----------

Name of Third Party: _____

Mailing address (if different than student's address): _____

Billing address (if different than mailing address): _____

Authorizing person; title and phone number (please print)	<u>X</u> Signature	Date
---	-----------------------	------

Total amount approved by Third Party: \$ _____

Workforce Development and Continuing Education
 Akron, OH 44325-4104
 330-972-7577 • 330-972-7598 Fax • www.uakron.edu/ce