

Your Letterhead

Student Finance
Lansing Community College
309 N Washington Sq, Suite 200
Lansing, MI 48933
Ph: 517-483-1272
Email: LCC-thirdpartybilling@star.lcc.edu

LETTER OF AUTHORIZATION

DATE: / /

_____ accepts the financial obligation of the employee student as
(Your Company Name Here)

indicated below. We understand that our company is responsible for payment of tuition and fees even if the employee/student drops classes during the time that LCC offers only 50% refund or during 0% refund.

Student Name: _____

Birthdate: _____ **LCC Student #** _____

Institution: Lansing Community College

Semester: **Fall** **Spring** **Summer (circle one)** **Year:** _____

Authorized Courses: _____

(or) **Amount:** _____

(or) **Billing Hours:** _____

Choose one of the following billing options for sponsored employees/students who may be eligible to receive financial aid:

_____ Bill our company first for our student's tuition and/or fees

_____ Bill our company first if a student is receiving loans only (money that must be repaid)

_____ Bill financial aid first if a student is receiving grants and/or scholarships (gift aid)

Please submit billing to: Your contact person: _____

Street address: _____

City: _____ State: _____ Zip: _____

*Payment will be due within 30 days of receipt of invoice

Authorized Signature: _____

Authorized Name/Title: _____

TIN (Tax ID Number): _____