

Authorization for Payment

I Hereby Authorize the following (please **PRINT**):

Name	Student ID # or DOB	Name	Student ID # or DOB
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

to take the following class, **please check**:

- | | |
|---|---|
| <input type="checkbox"/> EMT (10-531-109) | <input type="checkbox"/> EMT- Refresher (47-531-401) |
| <input type="checkbox"/> First Responder Initial (47-531-482) | <input type="checkbox"/> First Responder Refresher (47-531-483) |
| <input type="checkbox"/> EMT Paramedic | <input type="checkbox"/> EMT-P Refresher |
| <input type="checkbox"/> CPR | <input type="checkbox"/> Ambulance Driving (47-531-403) |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Authorized Expenses: Term (please check): Spring Summer Fall

- Tuition – Not to Exceed \$ _____
- Required Books – Not to Exceed \$ _____ (**Students responsible for picking up books.**)
- Supplies (Pencils, Pens, Paper, etc.) – Not to Exceed \$ _____
- Other (Please Circle) – Not to Exceed \$ _____
- Application Fee Compass Test

Billing Information:

Agency/Company Name _____ Print Authorized Name _____

P.O./Street Address _____ ****Authorized Signature**** _____

City _____ State _____ Zip _____ Telephone Number _____

Tax Exempt (Yes or No) and Tax Exempt Number _____ Email address _____

Return Completed/Signed Form Along With Group Registration Form to:

**Western Technical College
 Attn: Cashier's Office
 400 Seventh St N / P.O. Box C-0908
 La Crosse, WI 54602-0908**

Please call 608-785-9121 with questions. You may fax this form to 608-789-4720.

This form must be received in the Cashier's Office within 14 business days from the date of registration or the first day of class, whichever occurs first. The agency is responsible for dropping their students and will be liable for any charges that may be applicable. **Refunds:** Refunds are based on the beginning date and scheduled length of classes and the date the class is officially dropped. Refunds are not based on whether or not the student attends the class. For all classes the refund policy is: 100% if the district cancels the class; 100% of refundable fees if the student officially drops the class before the first class meeting and has turned in the correct paperwork to Enrollment Services before the first class meeting; 80% of refundable fees if less than 11% of total class meetings have met; 60% of refundable fees if between 11-20% of total class meetings have met. No refund after more than 20% of total class meetings have met.