

Authorization for Payment

I hereby authorize the following, (please print):

Name	Student ID # or DOE	3 Name	Student ID # or DOB
1.		5.	
2.		6.	
3.		7.	
4.		8.	

To take the following classes, (please check):

Confined Space Awareness R Confined Space Operations R Emergency Services Instructor T		ervention Training scue Awareness scue Operations escue Awareness escue Operations	Vehicle Extrication Other (Please Specify)		
Authorized Expenses, (please check)					
Term (please check):SpringSumr	ner	_Fall			
Tuition—Not to Exceed \$ Required Books—Not to Exceed \$ Supplies (Pencils, Pens, Paper, etc)—Not Other (Please Circle)—Not to Exceed \$ Application Fee Background Billing Information:	to Exceed	\$	for picking up books.)		
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 Authorization Form, Alor	ig With Gro	oup Registration Fo	rm to:		
Western Public Safety Training Center					

Attn: Ashley Bestul 11177 Cty Hwy A Sparta, WI 54656

Please call 608-789-4747 with questions. You may fax this form to 608-269-4073.

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.