

AUTHORIZATION TO BILL FORM

If a firm or an agency is paying for a student, this form must be filled out. An agency voucher or purchase order will be accepted in place of this form. This form does not take the place of a registration form OR a release of information form.

Student Names

Student Date of Birth **needed for identification*

- 1.
- 2.
- 3.
- 4.
- 5.
- 6.
- 7.
- 8.
- 9.
- 10.

Authorized for:

Class Title & Date

Amount Authorized

- Registration Fees
- Exam Fees
- Background Check
- Other

\$
\$
\$
\$

Purchase Order:

Phone:

Authorized Contact:

Email:

Firm Name:

Firm Address:

City, State, Zip Code:

Other Info:

I agree to pay for the above listed student fees. Any change to this agreement will be made before the course starts.

Signature: _____

Date: _____

Submit with completed Registration Forms to:

Fax (208)792-2680 email: wft@lcsc.edu

Please see us at
www.lcsc.edu/wft
for the most up to date catalog
and registration information.