



Business Office  
P.O. Box 8, Wye Mills, MD 21679

LEADS GRANT - If applicable, check all appropriate boxes:  STUDENT  EMPLOYEE  
 TALBOT COUNTY  KENT COUNTY  CAROLINE COUNTY  QUEEN ANNE COUNTY  
 TAM  SUBSTITUTES  TAM  AA DEGREE  
 AA DEGREE  AA DEGREE  DUAL ENROLL  
 CAREER CHANGE  AA DEGREE

**SPONSORSHIP BILLING AUTHORIZATION FORM**

**INSTRUCTIONS**

Please present this form at the time of registration, or fax to the Business Office at 410-827-5852 prior to registering.

We authorize Chesapeake College to bill our company for the student listed below and the appropriate charges for:

\_\_\_\_\_ TERM (IE. FALL, WINTER, SPRING, SUMMER) \_\_\_\_\_ YEAR

We will assume responsibility for (check one):  Tuition and fees  Tuition, fees, and books

\_\_\_\_\_ STUDENT NAME (PLEASE PRINT) \_\_\_\_\_ STUDENT SOCIAL SECURITY NUMBER OR ID NUMBER

**COURSE INFORMATION**

Course Number	Course Title	Start Date

**PLEASE SEND THE BILL TO THE FOLLOWING:**

\_\_\_\_\_ COMPANY NAME \_\_\_\_\_ AUTHORIZED INDIVIDUAL (PLEASE PRINT)

\_\_\_\_\_ EMAIL ADDRESS (ONLY IF YOU PREFER TO RECEIVE INVOICES ELECTRONICALLY RATHER THAN BY MAIL.)

**MAILING ADDRESS (REQUIRED)**

\_\_\_\_\_ STREET ADDRESS / PO BOX \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP

\_\_\_\_\_ PHONE \_\_\_\_\_ FEDERAL ID NUMBER

\_\_\_\_\_ SIGNATURE OF AUTHORIZED INDIVIDUAL (REQUIRED) \_\_\_\_\_ DATE

**If this bill remains unpaid at the end of the semester, the charges will revert back to the student's account and he/she will be held accountable. The student will not receive grades or transcripts, and will not be allowed to register, until the account is paid in full.**

**Please note: Students may apply for and/or receive Financial Aid from other sources. Under the Federal Right to Privacy Act, Chesapeake College cannot disclose any student information without the written consent (on a separate form) of the student.**

\_\_\_\_\_ STUDENT SIGNATURE (REQUIRED) \_\_\_\_\_ DATE