

Kirkwood Community College Continuing Education

Sponsorship Billing Authorization Form - Non-Credit Programs

Please complete and fax or mail prior to the start of your class.

6301 Kirkwood Blvd SW
Cedar Rapids, IA 52406-2068
Phone: (319)398-1022 Fax: (319)398-7185

Date: _____

We authorize Kirkwood Community College Continuing Education to bill our company for the below listed student and class(es). We will assume responsibility for tuition.

Student Name: _____
Student Address: Street: _____
City: _____
State: _____ Zip: _____ Phone: _____
Student Gender: _____
Student Email Address: _____
Student SSN or Kirkwood ID #: _____
Date of Birth: _____

Course #	Class Title	Class Dates	Class Tuition

Please send the bill to the following name and address:

Company name: _____

Attention: _____

Address: _____

Email Address: _____

Phone: _____

If you would like to pay by company credit card and not be billed please provide: ☐ MasterCard ☐ Visa
☐ Discover ☐ AmericanExpress

CC#: _____ Expiration Date: ____ / ____ Card ID (CVV2/CID) Number: _____

Card Holder Name: _____

Card Billing Address: _____

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

Please note: Under the Federal Right to Privacy Act, Kirkwood Community College cannot disclose any student information without the written consent (on a separate form) of the student.

Student Signature (**required**)

Authorized Company Signer's printed name

Authorized signature (**required**)