



Alternative Billing Address

Name of Student: _____ Student ID #: _____

STUDENT INFORMATION:

Address: _____ Phone: _____

BILLING ADDRESS:

Contact Name: _____

Address: _____

Phone: _____ Work: _____

Relationship of this party to student:

Parent/Guardian Trust Fund Other: _____

Effective Period: This arrangement will be in effect until the Tuition Cashier receives written notification from the student to cease sending information to this contact person and address.

Special Instructions (continue on back if necessary):

I, _____, authorize Naropa University to release information necessary to secure the payment of my tuition, fees and related expenses from the party listed. If the party does not pay, I accept full responsibility for tuition, fees and expenses incurred while enrolled as a student at Naropa University.

Student's Signature: _____ Date: _____

Tuition Cashier: _____ Date: _____