

SAS ONLY	
Date Received:	
Person Receiving:	
Date Entered:	

STUDENT INFORMATION:

Name: _____	Student ID #: _____
Address: _____	Phone: _____
_____	E-Mail: _____

THIRD-PARTY BILLING INFORMATION:

Contact Name: _____	Billers' ID #: _____
Address: _____	Home Phone: _____
_____	Work Phone: _____
_____	Relationship: _____

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

Special Instructions (continue on back if necessary):

By signing below you are certifying that you have read and agree to the following agreement & terms.

I, _____, authorize Naropa University to release information necessary to secure the payment of my tuition, fees, and related expenses from the party listed. However, I understand that the account is my responsibility and that if payment is not received by the third-party and/or by myself by the published deadlines the account may incur additional fees, late penalty interest, and/or a hold being placed on the account, until the balance is paid in full.

- I will check my account on WebReg regularly and throughout the term to ensure that my account is in good standing.
- I understand that at maximum a total of three bills will be sent to the ABA: (1) After pre-registration/prior to the start of the semester, (2) after the add/drop period has closed, and (3) once late fees have been added.
- I will contact the Tuition Cashier if I need an additional statement copy sent to my ABA during a term.

Student's Signature: _____	Date: _____
Tuition Cashier: _____	Date: _____