

Saint Paul College Authorization for Payment

Mail or Fax Completed Form to: **Saint Paul College**
Attn: Third Party Billing/Business Office
235 Marshall Avenue
St. Paul, MN 55102
Phone: 651.846.1660 Fax: 651.403.4061

1. Student Information

Student Name: _____ StarID : _____
(StarID # preferred; Will accept Social Security Number)

2. Funding Organization / Agency Information

Customer ID Number (found on upper left hand corner of invoice): _____
 Organization: _____
 Contact Name: _____
 Billing Address: _____
 Phone Number: _____ E-Mail: _____
 Sales Tax Exemption #: _____ (If applicable) Federal ID #: _____ (If applicable)
 Authorized Signature: _____ Date: _____

3. Funding Information

▶ Should student grants be applied PRIOR to your agency funding?
 YES NO

▶ Term covered by funding:

▶ Funding expiration date:

If authorizing 100%, please check appropriate box:

Or Specify dollar amount below:

Tuition & Fees	<input type="checkbox"/>	\$ _____
Required Books / Materials	<input type="checkbox"/>	\$ _____
School Supplies	<input type="checkbox"/>	\$ _____
Parking Permit	<input type="checkbox"/>	\$ _____
Locker Fee	<input type="checkbox"/>	\$ _____
Other: _____	<input type="checkbox"/>	\$ _____

Total Authorized: \$ _____

4. Student Release

I, the undersigned, hereby authorize Saint Paul College to disclose any necessary educational data/information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or the Federal Family Education Rights and Privacy Act. I understand by signing the Informed Consent Form that I am authorizing Saint Paul College to release or receive information that would otherwise be private and not accessible to them. I understand that without my consent, such information could not be released. This consent expires upon completion of agency funding, or after one year, whichever comes first. I am giving this consent freely and voluntarily, and I understand the consequences of giving my consent.

Student Signature: _____ Date: _____

DATA PRIVACY NOTICE: Saint Paul College is asking you to provide information that includes private and / or confidential information under state and federal law. The College is asking for this information in order to process your third party funding.

You are not legally required to provide the information the college is requesting; however, the university will not be able to process your funding. With some exceptions, unless you consent to further release of private information, access to this information will be limited to business office officials. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to federal, state and local officials for purposes of program compliance, audit or evaluation;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in educational research or accrediting agency.

Saint Paul College abides by the provision of Title IX and other federal and state laws forbidding discrimination on the bases of sex, race, color, national origin or disability and all other state and federal laws regarding equal opportunity.

Saint Paul College Business Office Use Only	
Awards that pay BEFORE grants.	
	50378 Tuition
	50379 Tuition/Fee
	50380 Tuition/Fee/Books
	50381 All Term Charges
Awards that pay AFTER grants.	
	50382 Tuition
	50383 Tuition/Fee
	50384 Tuition/Fee/Books
	50385 All Term Charges