



OWENS
COMMUNITY COLLEGE

Company Billing Authorization

Please complete form and mail to:

Owens Community College
Attn: Billings Specialist
P.O. Box 10,000
Toledo, OH 43699-1947
Or fax to: (567) 661-2215
For more information, call (567) 661-7859

For Office Use Only
Date entered _____
By _____
Company ID _____

General Information

Authorization is valid for one semester only.

Semester: Fall Spring Summer Year _____

Organization _____ Phone () _____ Fax () _____

Street _____ City _____ State _____ Zip _____

Contact Person _____ Campus: Toledo-area Findlay-area

E-mail _____

Please email invoices: Yes No

***Tuition rates are subject to change based upon Board of Trustees approval.**

Costs eligible for billing	Percentage	Maximum
Tuition: \$163.00 per credit hour	%	\$
Non General Fees	%	\$
Lab Fees	%	\$
Registration Fee	%	\$
Parking Fee	%	\$
Textbooks	%	\$
Supplies	%	\$
Application Fee: \$20	%	\$
Academic Service Support Fee: \$110	%	\$
New Student Orientation Fee: \$65	%	\$
Late Registration Fee: \$50	%	\$
Misc:	%	\$
Total	%	\$

Use financial aid first? Yes No

List any billing requirements:



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Authorization for release of student grade *(please check one)*

Grades are not to be distributed to the organization.

Grades are to be distributed to the organization.

(If checked, then Owens Community College requires the signatures of each student who is to be enrolled.)

The student(s) signing below hereby authorize Owens Community College to release grades to their employer and/or organization at the conclusion of the semester indicated below. Also, by signing below, the student(s) gives Owens Community College the permission to discuss with their employer and/ or organization information regarding their financial aid and/ or student account and is aware that the privacy of the aforementioned information would otherwise be protected by Federal law and not accessible to an employer and/or organization.

Semester: Fall Spring Summer Year _____

Student's Name (print)	OCID Number	Student's Signature (required)



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The following signature authorizes Owens Community College to bill your organization/company for the costs indicated on the previous page, for the listed student(s). In the event that any listed student(s) should terminate or be terminated with your organization/company, and the student(s) is not officially withdrawn prior to the start of classes, or drops classes anytime during the semester, your organization/company agrees to honor its financial obligation to the College. Owens Community College has the right to rescind your authorization at the College's discretion.

The company signed below accepts responsibility for any tuition, fees or other expenses incurred by registering for the class(es) noted on the attached sheet(s). If the account is unpaid it may referred to the Ohio State Attorney General's Office for further collections, resulting in additional fees and interest that the student agrees to pay.

College Representative

Organization-Authorized Signature

College Authorization

Title

Date