

Minneapolis Community & Technical College Authorization for Payment



Minneapolis Community & Technical College
Attn: Third Party Billing / Business Office
1501 Hennepin Ave. Minneapolis MN 55403
Phone (612) 659-6888 Fax (612) 659-6865
 cameo.hansell@minneapolis.edu

1. Student Information

Student Name: _____ Student ID Number: _____
 (MCTC Student ID # 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:**

➤ **Need invoice by**

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"/>		\$ _____
Pre-Paid Parking Card <input type="checkbox"/>		\$ _____
Continuing Education <input type="checkbox"/>		\$ _____
NATO Fee <input type="checkbox"/>		\$ _____
Other: _____ <input type="checkbox"/>		\$ _____

4. Student Release

I, the undersigned, hereby authorize Minneapolis Community & Technical 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 Minneapolis Community & Technical 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: _____

NOTE:

Minneapolis Community and Technical 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 college 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.
- ✓ To an organization engaged in educational research or an accrediting agency.

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