



Student Name & ID Number \_\_\_\_\_

Term \_\_\_\_\_

Company \_\_\_\_\_

Address \_\_\_\_\_

Attn \_\_\_\_\_

I understand that the **full payment must** be coming **directly from the employer/agency** in order to take advantage of this program. I authorize the release of my "Statement of Account" to my employer or paying agency for the purpose of invoicing for my tuition, fees, and bookstore charges. I understand that this statement may indicate the amounts received in financial aid, such as Pell, Student Loans and scholarships. I am aware that the college's policies on **withdraws, drop/add**, parking, registration, etc., apply. I agree to pay the remainder, or full cost, of tuition not being covered by my employer/agency.

Please sign and fax to (740) 374-2660, Attn: Business Office

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date