

North Hennepin Community College Authorization for Payment

North Hennepin Community College
 Attn: AE&T
 7411-85th Ave N, Brooklyn Park, MN 55445
 Phone (763) 424-0880 Fax (763) 424-0889
 www.nhcc.edu/cect

1. Student Information			
Student Name		NHCC Student ID#	
Address	City	State	Zip

2. Funding Organization / Agency Information			
Organization			
Contact Name		Agency Reference #	
Billing Address			
City	State	Zip	Phone #
Fax #		E-Mail	
Sales Tax Exemption # (if applicable)		Fed Tax ID # (if applicable)	
Authorized Signature			Date

<p>3. Funding Information</p> <ul style="list-style-type: none"> ➤ Should student grants be applied PRIOR to your agency funding? (Please check one) <li style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No ➤ Term covered by funding: _____ ➤ Your funding expires: _____

If authorizing 100%, please check appropriate box:	OR	Specify dollar amount below:
Tuition & Fees		\$
Books		\$
Supplies/Materials		\$
Other:		\$
TOTAL AUTHORIZED		\$

4. Student Release	
<p>I, the undersigned, hereby authorize North Hennepin Community 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 North Hennepin Community 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.</p>	
Student Signature	Date