



Lansing Community College
7120-Student Finance
309 N. Washington Square Suite 200
Lansing MI 48933
Ph: 517-483-1272 Email: LCC-ThirdPartyBilling@star.lcc.edu

LETTER OF AUTHORIZATION

DATE: / /

(Your Company Name Here) accepts the financial obligation of Tuition/Fees for the employee/student as indicated below. We understand that our company is responsible for payment of all tuition/fees charges even if the employee/student drops classes during LCC's 50% refund period or LCC's 0% refund period. Authorizations may be revoked at any time however, must be done so in writing and at least one (1) week prior to the start of the semester to absolve the financial obligation listed here.

Student Name: LCC Student #

Student's DOB: Semester:

Apprenticeship (Check if Applicable) Name of Apprenticeship:

Student is authorized for:

Specific Authorized Courses:

Amount Authorized:

- All Charges (No Maximum/Limit)
Amount Per Course \$
Total Semester Amount \$

Select one of the following billing options for sponsored employees/students who may be eligible to receive financial aid:

- Bill our company first for our student's tuition and/or fees.
Bill financial aid first if a student is receiving grants and/or scholarships (gift aid).

PLEASE SUBMIT BILLING TO:

Company Sponsor Contact Person:

Street Address:

City: State: Zip:

Business Phone:

PAYMENT IS DUE WITHIN 30 DAYS OF RECEIPT OF INVOICE

AUTHORIZED SIGNATURE:

TIN (tax id number):