



Student Finance
Lansing Community College
309 N Washington Sq, Ste 200
Lansing, MI 48933
517-483-1200, Option 3
LCC-ThirdPartyBilling@star.lcc.edu

Letter of Authorization

Date: _____

_____ 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/fee 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 ID: _____

Student DOB: _____ Semester & Year: _____

☐ Apprenticeship (if applicable) Name of Apprenticeship: _____

Student is authorized for:

Specific Authorized Courses: _____

Authorized Amount: ☐ 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: _____
Email: _____

PAYMENT IS DUE WITHIN 30 DAYS OF RECEIPT OF INVOICE

AUTHORIZED SIGNATURE: _____

TIN (tax id number): _____

Lansing Community College is an equal opportunity, educational institution/employer.