



AGENCY AUTHORIZATION FORM

Company Name: _____

Billing Address: _____

State: _____

Zip Code: _____

Phone Number: _____

Email Address: _____

Company Contact Person: _____

Please specify exactly what the company will pay for:

Quarter(s) being approved: Fall Spring

** New authorization needed
each academic year*

Winter Summer

Specific Class(es): _____

Specify ALL authorized charges that apply:

All Charges OR select one or more below:

Tuition All or Maximum \$ _____

Fees All or Maximum \$ _____

Books All or Maximum \$ _____

Supplies All or Maximum \$ _____

Misc. _____ All or Maximum \$ _____

Refund Overpayments and/or Adjustment Credits to: Agency Student

AGENCY Will Pay:

Check only one box

Regardless if Student has Pell/Loans/Grants/Scholarships or other funding

Balance - Only after all other Funds have been applied

Balance after Specific Funds have been applied

Specify Fund: _____

**** AGENCY AGREES TO PAY REGARDLESS OF DROPS OR GRADES ****



METROPOLITAN
Community College

(Please Attach Separate Sheet if Needed)

Student Name _____	SS# _____
Student Name _____	SS# _____
Student Name _____	SS# _____
Student Name _____	SS# _____
Student Name _____	SS# _____
Student Name _____	SS# _____

Please Mail Originals to:

Metropolitan Community College
Attn: Student Accounts, FOC #30
PO Box 3777
Omaha, NE 68103-0777

Fax: (402) 403-0648
Email: StudentAccounts@mccneb.edu

Comments or Other Info:

**** IF COMPANY IS "NE SALES TAX EXEMPT", ATTACH A COPY OF THE CERTIFICATE ****

Signature of Company Authorizing Person

Date Approved