



Century College
Attn: Ruth Hagen-Third Party Billing
3300 Century Avenue North
White Bear Lake MN 55110
Phone 651-779-3374
Fax 651-779-3418
ruth.hagen@century.edu

Student Name: _____ **Student ID Number:** _____
(Student ID # preferred; Will accept Social Security Number)

1. Funding Organization / Agency Information **Purchase order #** _____

Customer ID Number (found on upper left hand corner of invoice): _____
 Organization: _____
 Contact Name: _____
 Billing Address: _____
 Phone Number: _____ E-Mail: _____
 State ID # _____ Federal ID #: _____
(If applicable) (If applicable)
 Authorized Signature: _____ Date: _____

3. Funding Information

	If authorizing 100%, please check appropriate box:	Or	Specify dollar amount below:
➤ Should student grants be applied PRIOR to your agency funding? YES NO			
➤ Term covered by funding: _____			
➤ Funding expiration date: _____			
	Tuition only	<input type="checkbox"/>	\$ _____
	Tuition & Fees	<input type="checkbox"/>	\$ _____
	Books/Materials	<input type="checkbox"/>	\$ _____
	School Supplies	<input type="checkbox"/>	\$ _____
	Application Fee	<input type="checkbox"/>	\$ _____
	Continuing Education	<input type="checkbox"/>	\$ _____
	Other: _____	<input type="checkbox"/>	\$ _____

4. Student Release

I, the undersigned, hereby authorize **Century 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 **Century 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.

Student Signature: _____ **Date:** _____

DATA PRIVACY NOTICE: Century College is asking you to provide information that includes private and / or confidential information under state and federal law. The college is asking for this information in order to process your third party funding.

You are not legally required to provide the information the college is requesting; however, the college will not be able to process your funding. With some exceptions, unless you consent to further release of private information, access to this information will be limited to business office officials. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to federal, state and local officials for purposes of program compliance, audit or evaluation;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in educational research or accrediting agency.

Century College abides by the provision of Title IX and other federal and state laws forbidding discrimination on the bases of sex, race, color, national origin or disability and all other state and federal laws regarding equal opportunity.
