



## Third Party Notification Form

Please complete and return this form indicating any third party payments (VocRehab, VA Benefits, Workforce Initiative, etc.) you are expecting. This form is **not** for students to reflect scholarships.

Term: \_\_\_\_\_ Student ID: \_\_\_\_\_ Program: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

<u>Charge Type</u>	<u>Amount</u>	<i>-or-</i>	<u>In Full</u>
Tuition	\$		<input type="checkbox"/>
Fees	\$		<input type="checkbox"/>
Books	\$		<input type="checkbox"/>
<b>TOTAL:</b>			

### Organization Information

Name of Funding Organization: \_\_\_\_\_

Funding Organization Contact Person: \_\_\_\_\_

Contact Phone Number: (\_\_\_\_) \_\_\_\_ - \_\_\_\_\_

Does SLCHS need to invoice this funding organization? \_\_\_\_\_ (YES/NO) If yes, please attach necessary documentation.

Special Instructions:

\_\_\_\_\_  
\_\_\_\_\_

By signing below, you agree to the following:

- Any portion of tuition and fees not covered by third party is due by the due date.
- You are ultimately responsible for all tuition and fees.

Student Signature \_\_\_\_\_ Date \_\_\_\_\_