



PUBLIC SAFETY THIRD-PARTY PAY FORM

Authorization for Direct Billing & Sponsor Agreement

Instructions: This form must be completed by both the student and the sponsoring organization. It authorizes the institution to bill the third-party sponsor directly for tuition and fee expenses. Please complete all fields clearly. This form must be emailed to erin.taylor@apollocc.org no later than 1 week before orientation.

1. STUDENT INFORMATION

Student Full Name

Course Name & Start Date

2. SPONSORING COMPANY & CONTACT INFORMATION

Company Name

Company Address (City, State, Zip)

Contact Name (Authorized Representative)

Contact Title / Department

Contact Email Address

Contact Phone Number

The sponsoring company listed above hereby agrees to provide financial sponsorship for the student named on this form. We authorize the institution to issue an official invoice for tuition and related fees for the specified term. We agree to make payment in full within 30 days of receiving the invoice.

AUTHORIZED COMPANY REPRESENTATIVE SIGNATURE

DATE

3. STUDENT ACKNOWLEDGMENT & RESPONSIBILITY

STUDENT ACKNOWLEDGMENT: I understand and agree that I am ultimately responsible for all tuition, fees, and related academic expenses incurred during the course above. In the event that the sponsoring company fails, refuses, or delays payment for any reason, I acknowledge that the balance will be immediately reverted to my student account. I understand that failure to resolve this balance may result in registration holds, delayed eligibility to test, and the balance being sent to Collections with the Attorney General's Office.

I have read, understand, and agree to the Student Acknowledgment terms outlined above.

STUDENT SIGNATURE

DATE