

Student Name & ID Number _____

Quarter _____

Company _____

Address _____

Attn _____

I understand that payment must be coming **directly from the employer/agency** in order to take advantage of this program. I authorize the release of my "Statement of Account" to my employer or paying agency for the purpose of invoicing for my tuition, fees, and bookstore charges. I understand that this statement may indicate the amounts received in financial aid, such as PELL, OIG, Student Loans and scholarships. I am aware that the college's policies on **withdraws, drop/add**, parking, registration, etc., apply. I agree to pay the remainder, or full cost, of tuition not being covered by my employer/agency.

Please sign and fax to (740)568-1931, Attn: Business Office

Student Signature_____
Date

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