



## Third Party Billing Authorization

This form is intended for use by such Third Parties such as companies, school districts, or other organizations wishing to pay tuition and/or other student fees. Payment of tuition by a third party is treated as a taxable benefit and may have implications to taxable income and or financial aid.

Access to Information: This information will be limited to school officials and faculty who have legitimate educational interests. Be advised that federal and state laws authorize release of private information without your consent for the following: enrollment at other institutions, federal, state, or local officials for purposes of program compliance, audit, or evaluation; applications for, or receipt of, financial aid; court order(s) or subpoena(s); or as otherwise permitted by other state or federal law. **Payment of tuition or fees does not constitute authorized access to student data. Authorization of student data may only be obtained through the completion of the [FERPA Authorization Form](#).**

Please provide a current FormW-9 together with this completed form to [billing@winona.edu](mailto:billing@winona.edu), to allow the authorization of payment for the below referenced student. Incomplete information may result in delayed processing.

### Third Party Billing Information:

Third Party's Legal Name:

\_\_\_\_\_

Contact Person Name:

\_\_\_\_\_

Billing Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

### Student Information:

Name:

\_\_\_\_\_

Student ID#:

\_\_\_\_\_

Mailing Address:

\_\_\_\_\_

Email Address:

\_\_\_\_\_

Phone Number:

\_\_\_\_\_

\*If need the Student ID#, Course Name(s), and/or Course Number(s), please contact WSU Records & Registration at: [warriorhub@winona.edu](mailto:warriorhub@winona.edu) or call 507-457-2800.

Semester (circle): Fall/Spring/Summer/WinTerm

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Semester (circle): Fall/Spring/ Summer/WinTerm

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Semester (circle): Fall/Spring/ Summer/WinTerm

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Semester (circle): Fall/Spring/ Summer/WinTerm

Course Name: \_\_\_\_\_

Course Number: \_\_\_\_\_

Please indicate covered expenses and amount for each below:

Tuition	\$ _____
Books	\$ _____
Required Fees (See Website for details)	\$ _____
E-Warrior Digital life & learning (Laptop)	\$ _____
Total Amount Authorized	\$ _____

### Parent/Guardian Information (if student is a minor):

DOB of Student \_\_\_\_\_ Parent/Guardian Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

Third Party's Authorized Signature:

\_\_\_\_\_

Signature

\_\_\_\_\_

Date