



Student Financial Services
Attn: Third Party Billing 1420
Austin Bluffs Pkwy Colorado
Springs, CO 80918
719-255-3391
tuitasst@uccs.edu

Third Party Letter of Authorization

1. Student Information

Student Name: _____ Student ID Number: _____

2. Funding Organization / Agency Information

Organization: _____

Contact Name: _____ Phone Number: (____) _____

Billing Address: _____

Fax Number: (____) _____ E-Mail: _____

Speedtype (UCCS Internal Payers Only): _____ Federal ID #: _____

(If applicable)

3. Funding Information

- **Should student grants be applied PRIOR to your agency funding?**

YES NO

- **Term covered by funding:**

(Please note we accept one LOA per term)

- **Your funding expires:**

(If applicable)

If authorizing 100%, please check appropriate box:

Specify dollar amount below:

Tuition

\$ _____

Mandatory Fees (if not checked, student will have out of pocket cost)

\$ _____

Books

Or

\$ _____

Supplies

\$ _____

Other: _____

\$ _____

TOTAL AUTHORIZED

\$ _____

4. Additional Billing Instructions (Employee ID Numbers, Purchase Order numbers, Billing Codes, etc.)

As a legally authorized signer of the Company/Third Party I agree:

- To accept standard invoicing from UCCS for all covered charges
- To make payment immediately upon receipt of UCCS' invoice
- Payment is not contingent on the student's academic performance or class attendance
- To abide by the Family Educational Rights and Privacy Act of 1974 (FERPA) and not disclose student information to others without the express written approval of the student.

- If the Company/Third Party does not pay the invoiced charges before the end of each term, the student will be responsible for all charges
- This form shall be completed and returned to the student for submission via the MyUCCS Portal
- Information about mandatory student fees may be found [here](#)
- Refunds will be returned to billing address as needed unless additional information is provided
- Invoices will be sent by school *after* term census date
- A new LOA is required each semester

Printed Name of Person Legally Authorized to Sign for Payer

Signature of Person Legally Authorized to Sign for Payer

Date