



# Authorization for Payment

Attn: Customized Training  
1300 145<sup>th</sup> St East  
Rosemount, Minnesota 55068

## Continuing Education and Customized Training Department

1. Student Name \_\_\_\_\_ Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
 Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 Phone \_\_\_\_\_ Email Address \_\_\_\_\_  
 Course Name \_\_\_\_\_ Course Start Date \_\_\_\_\_

### 2. Funding Organization / Agency Information

Purchase Order or Authorization # \_\_\_\_\_  
 Organization \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_  
 Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
 State ID # \_\_\_\_\_ Federal ID # \_\_\_\_\_  
(if applicable) (if applicable)

### 3. Funding Information

If authorizing 100%, please check appropriate box:    OR    Specify dollar amount below:

<input type="checkbox"/> Tuition	\$ _____
<input type="checkbox"/> Books/Materials	\$ _____
<input type="checkbox"/> School Supplies	\$ _____

Term covered by funding \_\_\_\_\_ Funding expiration date \_\_\_\_\_

### 4. Student Release

I, the undersigned, hereby authorize **Dakota County Technical College** to disclose any necessary educational data/information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or the Federal Family Education Rights and Privacy Act. I understand by signing this form that I am authorizing **Dakota County Technical College** to release or receive information that would otherwise be private and not accessible to them. I understand that without my consent, such information could not be released. This consent expires upon completion of agency funding, or after one year, whichever comes first. I am giving this consent freely and voluntarily, and I understand the consequences of giving my consent. I further understand that if funding is not granted through the above mentioned Funding organization or Agency, that I am personally responsible for all related course fees, materials and tuition fees.

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