



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	If authorizing 100%, please check appropriate box:	Specify dollar amount below:
<p>➤ <b>Should student grants be applied PRIOR to your agency funding?</b></p> <p style="text-align: center;"><b>YES                  NO</b></p> <p>➤ <b>Term covered by funding:</b></p> <p>_____</p> <p>(Please note we accept one LOA per term)</p> <p>➤ <b>Your funding expires:</b></p> <p>_____</p> <p style="text-align: center;">(If applicable)</p>	<p><b>Tuition</b></p> <p><b>Mandatory Fees</b> (if not checked, student will have out of pocket cost)</p> <p><b>Books</b></p> <p><b>Supplies</b></p> <p><b>Other:</b> _____</p> <p><b>TOTAL AUTHORIZED</b></p>	<p><b>Or</b></p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p> <p>\$ _____</p>

**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