

Third Party Authorization For Payment

Professional & Workforce Training



EDUCATION • SKILLS • RESULTS

Professional and Workforce Training, Attn: Third Party Billing

11200 Mississippi Blvd, Coon Rapids, MN 55433

Phone: 763-433-1200 pwt@anokaramsey.edu

1. Student Information

Student Name:		Phone Number:	
Student Address	City	State	Zip Code
Student ID # or SSN:	Email Address:		

2. Funding Organization / Agency Information

Organization:	Agency PO Number
Contact Name: Address:	Phone Number:
	Email:
Billing Contact: Billing Address:	Phone Number:
	Email:
Counselor Name:	
Authorized Signature:	Date:

3. Registration Request

Course Name	Date and Time	Funding Information:	
		Tuition:	\$ _____
		Books:	\$ _____
		Your Funding Expires:	

		TOTAL AUTHORIZED	\$ <input type="text"/>

Signature of School Authority	Date
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