



THIRD PARTY or EMPLOYER FUNDED BILLING AUTHORIZATION

THIRD PARTY or EMPLOYER INFORMATION

Business Name
Address
Contact Name and Title (printed)
Contact Email and Phone Number

STUDENT/EMPLOYEE INFORMATION

Name
NDSCS Student ID or DOB
NDSCS Program

AUTHORIZATION DETAILS

Semester Covered: Fall (Aug-Dec) Spring (Jan-May) Summer (June-July) Year

Eligible Charges: Please mark all items that may be billed to the Third Party/Employer along with the dollar amount or percentage covered for each item. Additional cost details can be found online at www.NDSCS.edu/Costs.

Table with 2 columns: Items Approved, Dollar Amount or Percentage Covered. Rows include Tuition and Fees, Required Books, Tools and/or Box, On-Campus Living, Dining Plan, Parking Permit, Required Uniforms, and Other.

If the Student/Employee should withdraw during the semester and receive only a partial refund of tuition/fees, or the Student/Employee is no longer eligible/employed, the billing scenario described below should be followed:

- Third Party/Employer will pay amount owed regardless if the Student/Employee is no longer enrolled or employed
The Student/Employee should be made financially responsible for all amounts due
Third Party/Employer will contact NDSCS is Student/Employee is no longer employed
Other:

THIRD PARTY or EMPLOYER CONFIRMATION OF FINACIAL RESPONSIBILITY

By signing below, I confirm the following:

- This completed form, along with a FERPA form, for each Student/Employee, will be submitted to NDSCS Business Affairs prior to the start of each semester to ensure accurate and timely billing.
Employer will pay balance due within 30 days of the invoice date.
If the Third Party/Employer does not make payment by the due date, the billing may be reversed, and the Student/Employee may become financially responsible for the outstanding amounts owed. This may prevent them from enrolling for future semesters or obtaining a transcript.
Third Party/Employer accounts that are 60+ days past due may be assessed a 1.75% monthly late payment fee.

Third Party/Employer Signature Date

Questions? Contact Nicole - 701-671-2135 | Nicole.Matejcek@ndscs.edu

Return Completed Forms To:

NDSCS Business Affairs, 800 6th St. N., Wahpeton, ND 58076 | NDSCS.BusinessAffairsOffice@ndscs.edu



**THIRD PARTY or EMPLOYEE Consent to Release Financial Student Records to EMPLOYER for Billing Purposes (Family Educational Rights and Privacy Act – FERPA)**

According to the Family Education Rights and Privacy Act of 1974 (FERPA), a student’s academic and financial information may only be released to the student. However, students may elect to share their financial and/or academic records to outside parties via a FERPA consent form. The below FERPA consent applies to the Employee/Employer relationship for the purpose of billing the Third Party or Employer for pre-approved charges incurred by their Employee, an NDSCS student.

**To Be Completed By Student/Employee**

Third Party/Employer \_\_\_\_\_

Name and Title of Third Party/Employer’s Representatives(s) Authorized to Receive Billing Information

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Student/Employee Name \_\_\_\_\_

NDSCS Student ID \_\_\_\_\_ Today’s Date \_\_\_\_\_ Program \_\_\_\_\_

Student/Employee is authorizing NDSCS to release financial account information to the Third Party/Employer for the following semesters \_\_\_\_\_ to \_\_\_\_\_  
(month/year) (month/year)

**Student/Employee Acknowledgement**

*Initial each statement*

\_\_\_\_\_ I understand that this consent serves as my request for NDSCS to establish a relationship with my Third Party/ Employer. This relationship will result in the Third Party/Employer becoming aware of the items charged to my NDSCS student account and my balance owed to NDSCS.

\_\_\_\_\_ I understand that I will be responsible for notifying my Third Party/Employer if I am no longer enrolled at NDSCS.

\_\_\_\_\_ I understand that this consent is temporary and applies only to the semesters listed above.

\_\_\_\_\_ I understand that if my Third Party/Employer does not make payment by the due date, I may become financially responsible for the charges owed. Also, my account may be subject to late fees, future semester registration delays, and transcript holds.

By signing this form, I authorize NDSCS to share my financial records with the individual(s) listed above. I acknowledge that, although I am not required to release my records to these individuals, I understand that: 1) I have the right not to consent to the release of my education records; 2) I have a right to receive a copy of such records, upon request; and 3) This temporary consent expires at the end of the semesters listed above, but that such expiration shall not affect disclosures made by NDSCS prior to the expiration.

**Student/Employee Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

*This information is released subject to the confidentially provisions of appropriate state and federal laws and regulations which prohibit any further disclosure of this information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations.*

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