

Lake Superior College Authorization for Payment



A member of
Minnesota State Colleges and Universities

Lake Superior College
Attn: Third Party Billing
2101 Trinity Rd, Duluth, MN 55811
Phone (218) 733-5929
Fax (218) 733-5977
l.greaves@lsc.edu

1. Student Information

Student Name: _____ Student ID Number: _____
(LSC Student ID # preferred; will accept SSN)

Student Address: _____ City: _____ State: _____ ZIP Code: _____

2. Funding Organization / Agency Funding

Customer ID Number (found on upper left hand corner of invoice):

Organization: _____

Contact Name: _____ Phone Number: _____

Billing Address: _____

Fax Number: _____ E-Mail: _____

Sales Tax Exemption #: _____ Federal ID #: _____
(If applicable) (If applicable)

Authorized Signature: _____ Date: _____

3. Funding Information

Does your agency funding pay in addition to any grants or scholarships? (circle one)

YES **NO**

Term covered by funding:

Your funding expires:

If authorizing 100%, please check appropriate box:

Application Fee

Tuition and Fees

Books

Supplies

Continuing Education

Other: _____

Or: Specify dollar amount below:

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

4. Student Release

I, the undersigned, hereby authorize Lake Superior 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 the **Informed Consent Form** that I am authorizing Lake Superior 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.

Student Signature: _____ Date: _____

DATA PRIVACY NOTICE: Lake Superior College is asking you to provide information that includes private and / or confidential information under state and federal law. The college is asking for this information in order to process your third party funding.

You are not legally required to provide the information the college is requesting; however, the college will not be able to process your funding. With some exceptions, unless you consent to further release of private information, access to this information will be limited to business office officials. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to federal, state and local officials for purposes of program compliance, audit or evaluation;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in educational research or accrediting agency.

Lake Superior College abides by the provision of Title IX and other federal and state laws forbidding discrimination on the basis of sex, race, color, national origin or disability and all other state and federal laws regarding equal opportunity.

LSC is an affirmative action equal opportunity educator and employer.
This document is available in alternative formats to individuals with disabilities.