Letter of Authorization-Third Party Sponsorship

This letter of authorization authorizes the University of Colorado to directly bill a sponsor for tuition or related expenses. Please have the sponsor fill this form out in its entirety and fax or mail to the above listed information.

Sponsored student name: __________________________________________________________

Sponsored student’s ID #: __________________________________________________________

Amount of sponsorship or the basis for calculating the award (max $ amount of award):

____________________________________________________________________________

Type of charges the sponsor will pay for (tuition, fees, on-campus housing, books, parking, etc.)

____________________________________________________________________________

The period of the sponsorship (semester or length of time): ____________________________

Sponsor’s name and billing address: ________________________________________________

____________________________________________________________________________

____________________________________________________________________________

____________________________________________________________________________

A contact name, phone number, and e-mail address: _________________________________

____________________________________________________________________________

Any applicable purchase order numbers, work order authorizations or other billing codes:

____________________________________________________________________________

By signing this form you the sponsor commit to pay the above designated charges for the listed student. Please attach an additional page if you require any unique billing requirements or need to include company ID numbers, badge numbers, contract numbers or any other pertinent information.

Signature of the sponsor or other person(s) authorized to make commitments on behalf of the sponsor:

_ (Signed) ________________________________________________________________________

_ (Printed) _______________________________________________________________________