

# Metropolitan State University Authorization for Payment

Metropolitan State University  
Attn: Third Party Billing/Business Office (FH 329)  
700 E. 7<sup>th</sup> Street  
St. Paul, MN 55106  
Phone (651) 793-1883 Fax (651) 793-1877

## 1. Student Information

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(Student ID # preferred; Will accept Social Security Number)

## 2. Funding Organization / Agency Information

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

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Sales Tax Exemption #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
(If applicable) (If applicable)

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## 3. Funding Information

➤ Should student grants be applied PRIOR to your agency funding?

YES NO

➤ Term covered by funding:

\_\_\_\_\_

➤ Funding expiration date:

\_\_\_\_\_

If authorizing 100%, please check appropriate box:

Or

Specify dollar amount below:

Tuition & Fees  \$ \_\_\_\_\_

Required Books / Materials  \$ \_\_\_\_\_

School Supplies  \$ \_\_\_\_\_

Pre-Paid Parking Card  \$ \_\_\_\_\_

Continuing Education  \$ \_\_\_\_\_

NATO Fee  \$ \_\_\_\_\_

Other: \_\_\_\_\_  \$ \_\_\_\_\_

## 4. Student Release

I, the undersigned, hereby authorize Metropolitan State University 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 Metropolitan State University 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:** Metropolitan State University 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 university 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.

Metropolitan State University abides by the provision of Title IX and other federal and state laws forbidding discrimination on the bases of sex, race, color, national origin or disability and all other state and federal laws regarding equal opportunity.

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**Metropolitan State University Business Office Use Only**

<b>Awards that pay BEFORE grants.</b>	
	<b>3<sup>rd</sup> Party CT/CE</b>
	<b>3<sup>rd</sup> Party Tuition</b>
	<b>3<sup>rd</sup> Party Bookstore</b>
	<b>3<sup>rd</sup> Party Parking</b>

<b>Awards that pay AFTER grants.</b>	
	<b>3<sup>rd</sup> Party CT/CE</b>
	<b>3<sup>rd</sup> Party Tuition</b>
	<b>3<sup>rd</sup> Party Bookstore</b>
	<b>3<sup>rd</sup> Party Parking</b>