

Normandale Community College
Attn: Payments and Billing
9700 France Ave S, Bloomington, MN 55420
Phone (952) 358-8225 Fax (952) 358-8235
paymentbilling@normandale.edu



NORMANDALE
COMMUNITY COLLEGE

Student Information:

Student Name: _____ Student Id Number: _____

Funding Organization/Agency Information

Organization: _____

Contact Name: _____

Billing Address: _____

Phone Number: _____ E-Mail: _____

Sales Tax Exempt #: _____

Authorized Signature: _____ Date: _____

Funding Information

Term(s) covered by funding: _____

Should student grants/scholarships be applied BEFORE your agency funding? YES _____ NO _____

Funding Amounts

Tuition and Fees

\$ _____

Books

\$ _____

Supplies

\$ _____

Other (please specify)

\$ _____

Student Release

I, the undersigned, hereby authorize Normandale Community 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 Federal Family Education Rights and Privacy Act. I understand that by signing the *Informed Consent* form that I am authorizing Normandale Community 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: _____