



Student Accounts
 46 University Drive
 Augusta, ME 04330-9488
 207.621.3131

THIRD PARTY AUTHORIZATION FORM

Sponsoring Organization:		
Contact Name:	Contact Phone:	
Bill To Address:		
City:	State:	Zip:
Attached authorization form from Sponsor? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Student Name (Last, First, MI):		
Student ID:	Term:	

Please check appropriate response:

1. Is billing limited by maximum number of credit hours?
<input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate maximum number:

2. Please indicate charges to be covered by this agreement:		
<input type="checkbox"/> Application Fees	<input type="checkbox"/> Health Insurance premiums	
<input type="checkbox"/> Tuition	<input type="checkbox"/> Books up to a maximum of \$	
<input type="checkbox"/> Fees	<input type="checkbox"/> Payment Plan Fees	<input type="checkbox"/> Penalty Fees

3. Please indicate aid to be applied to student charges prior to billing third party.	
<input type="checkbox"/> State Funding	<input type="checkbox"/> Federal Financial Aid (ie Pell, SEOG)
<input type="checkbox"/> Scholarships	<input type="checkbox"/> Waivers
<input type="checkbox"/> Loans	<input type="checkbox"/> Other:

Certifying Third Party Name & Title	
Certifying Third Party Signature:	Date:
Student Signature:	Date:

Please send completed Purchase Order(s) to uma.studentaccounts-group@maine.edu.