GREAT FALLS COLLEGE
MONTANA STATE UNIVERSITY

**Student Accounts Office**
Phone: (406)771-5129 or (406)771-4315 |
Fax: (406)771-5117 | email: studentaccounts@gfcmsu.edu

# Dual Enrollment Third Party Billing Authorization Form

For student cost related to attending Great Falls College MSU

**NOTE: Section 1 and 2 are to be completed by Third Party/Counselor/Clerk**

## Section 1

**Student Information**

- Student Name: _____
- ID/SSN: _____
- TERM (select one): ☐ FALL ☐ SPRING ☐ SUMMER YEAR: _____

**Third Party Contact Information**

- High School Name: _____
- Contact Name: _____
- Phone Number: (_____) _____
- Email: _____
- Address: _____ State:_____ Zip code:_____

---

## Section 2

**Authorized Payment (Check ONLY those that apply)**

☐ **Tuition & Course Fees**

Tuition/Fee Amount: $ _____

☐ **Books and/or Supplies**

Book(s) Amount: $ _____ Supply Amount: $ _____

**Authorization**

- **Authorized Signature of Accountant/Clerk:** _____
- **Print Name:** _____
- **Date:** _____

---

## Section 3 (to be completed by student) Authorization to Release Information

I, _____ (Student Name), hereby authorize Great Falls College MSU Student Accounts to discuss and/or release the following information to:

**Third Party Contact/Counselor/Clerk Name:** _____

- **Address:** _____State:_____ Zip code:_____
- **Phone Number:** (_____) _____
- **Email:** _____

**Information to Release (Check all that apply):**

☐ Billing/Payment ☐ Financial Aid Info. ☐ Enrollment/Attendance

**Student Signature:** _____

**Date of Authorization:** _____

**Authorization Expiration Date:** _____

---

**Official Business Use Only:**

**Date Received:**_____**Received by:**_____

**Revised:** 01/06/2026