



**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

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

- Business 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:** _____

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2100 16th Avenue South, Great Falls, MT 59405 | (406) 771-4300 | gfcmsu.edu

Great Falls College MSU provides high quality educational experiences supporting student success and meeting the needs of our community.