



**GREAT FALLS
COLLEGE**
MONTANA STATE
UNIVERSITY

Student Accounts Office

Phone: (406)771-5129 or (406)771-4315 |

Email: studentaccounts@gfcmu.edu | Fax: (406)771-5117

Third Party Billing Authorization Form

Academic Yr.: _____

Fall: ☐ Spring: ☐ Summer: ☐

Student Name: _____ ID/SSN: _____

Contact Person: _____

Contact Phone Number: (____) _____

Dept./Sponsor Name & Address: _____ Business Name: _____

Check ONLY those that apply:

☐ Tuition & Course Fees Limited

Tuition Amount: \$ _____ Fee Amount: \$ _____

☐ No limit on Tuition & Course Fees

☐ Books and/or Supplies

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

☐ No limit on Books and/or Supplies ☐ No Books and/or Supplies

Authorized Signature: _____

Print Name: _____

Date: _____

Authorization to Release Information

I hereby authorize Great Falls College MSU to discuss and/or release the following information to:

Name/Parent: _____ Business/Agency: _____

Address: _____ Phone Number: (____) _____

Email: _____

To discuss and/or release the following information:

(Check all that apply)

☐ Billing/Payment ☐ Financial Aid Info. ☐ Enrollment/Attendance ☐ Grades/Academic History

☐ Class Participation

☐ Additional Information: _____

Student Signature: _____ Date of Authorization: _____

Authorization Expiration Date: _____

Official Business Only: Date: _____

Received by: _____

Revised: 12/09/2024

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

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