



AUTHORIZATION FOR PAYMENT

This document is to be completed on behalf of the registering party's employer or other responsible agency and submitted in lieu of cash payment upon registration.

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Continuing Education and Outreach JSU McClellan Center 100 Gamecock Drive Anniston, AL 36205

PLEASE PRINT CLEARLY

STUDENT INFORMATION

Student Name Address City State Zip Phone 1 Phone 2 Email Address Course Name Start Date CEUs

FUNDING INFORMATION

Percentage or dollar amount covered Purchase Order or Authorization # Organization Name Contact Phone Email Address Billing Address City State Zip State ID# Federal ID# Term covered by funding Funding expiration date

STUDENT RELEASE

I, the undersigned, hereby authorize Jacksonville State University (hereafter JSU) to disclose any necessary educational 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 Family Educational Rights And Privacy Act of 1974 (FERPA). I understand that by my signature below, I am authorizing JSU to release or receive information that would otherwise be private and not accessible to them and 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 hereby give my consent freely and voluntarily, with full understanding of the ramifications and consequences. I further understand that if funding is not granted through the above mentioned Funding organization or Agency, that I will be personally responsible for all related course fees and materials

Student Signature Date

THIS FORM IS FOR CONTINUING EDUCATION PURPOSES ONLY AND MUST BE SUBMITTED WITH CORRESPONDING PURCHASE ORDER IN LIEU OF CASH PAYMENT AT TIME OF REGISTRATION.