

**THIRD PARTY AUTHORIZATION**

PLEASE FILL OUT ONE FOR EACH STUDENT

STUDENT NAME: \_\_\_\_\_

STUDENT ID: \_\_\_\_\_

TERM: SPRING / FALL / SUMMER YEAR: \_\_\_\_\_ (one term only)

THIRD PARTY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

\_\_\_\_\_

THIRD PARTY CONTACT: \_\_\_\_\_

PHONE NUMBER: \_\_\_\_\_

WE AUTHORIZE PAYMENT OF:

TUITION & FEES: FULL AMOUNT YES/NO  
PARTIAL AMOUNT \_\_\_\_\_

INSURANCE: YES / NO (Call for current cost)

BOOKS: YES / NO AMOUNT: \_\_\_\_\_

SUPPLIES: YES / NO AMOUNT: \_\_\_\_\_

ROOM & BOARD CHARGES: YES / NO

AUTHORIZED

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

PLEASE RETURN TO: UNIVERSITY OF MONTANA WESTERN

ATTN: Tina Walter-BUSINESS SERVICES

710 S. ATLANTIC

DILLON, MT 59725

710 S. Atlantic ~ Dillon, MT 59725

406-683-7101