

# Payment Authorization Form



KPC, University of AK, Soldotna/Homer

Student's Name				Student's Social Security Number	
Semester/Year		KPC Class		KPC Class	
Signature authorizes payment of tuition not to exceed:			Amount:		
_____			_____		
Connections Authorizing Signature			Date		

## AUTHORIZATION FOR UNIVERSITY FEES AND AGREEMENT OF PARENT/GUARDIANS

**Connections** authorizes \_\_\_\_\_ to charge tuition to the Kenai Peninsula Borough School District Connections program. It is specifically understood that:

- (1) All other fees and/or charges unrelated to the course(s) will be the sole responsibility of the student and his/her parents/guardians and that Connections assumes no responsibility for these excess charges.
- (2) The University will provide Connections with documentation from the University verifying the amount charged against this authorization as soon as the charges are made.
- (3) Due to the responsibilities for funding, the undersigned student agrees to the release of grade(s) to the Kenai Peninsula Borough School District's Connection program by the University.

The undersigned parties hereby agree that Connections will pay University tuition. It is also agreed that said payment would not be authorized until Connections has received verifying documentation from the University (a receipt). No payments will be authorized to the University until Connections has received said documentation. Should the required documentation not be provided to Connections, it is specifically understood by the undersigned parties that all such fees and charges will be the sole responsibility of the parent/guardian and Connections assumes no responsibility to pay these fees without the required verification. Should the student drop the course, the parent/guardian is responsible for all costs associated with the course.

_____	_____
Parent/Guardian	Date
_____	_____
Student	Date
_____	_____
Connections Program Authorized Signature	Date

TO BE COMPLETED BY UNIVERSITY			
Authorized Uses TO PAY ONLY		Actual Amount Charged to Connections	Please attach receipt here
_____		_____	
University Authorizing Signature		Date	
<b>ORIGINAL TO REMAIN WITH UNIVERSITY, COPY TO BE SENT TO THE CONNECTIONS OFFICE</b>			

Rev. 4/16/14