**SPONSOR AUTHORIZATION: SPECIFIC**

**Lane Community College**

Student Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ New Request \_\_\_\_\_

L# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Ref or File #\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Modification \_\_\_\_\_

Sponsoring Agency Name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State & Zip\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Contact & Ph: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

E-Mail\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ E-Mail Excel spreadsheet bills: Yes\_\_\_\_\_\_No\_\_\_\_\_\_\_

The above named person is authorized to enroll/register at Lane Community College for the following dates: \_\_\_\_\_\_\_\_\_\_\_\_\_ through \_\_\_\_\_\_\_\_\_\_\_\_\_\_ (term or school year) with the understanding that the sponsoring agency has authorized and agreed to pay the following amounts: (Example: Tuition 50%,

OR 100% up to $ 500.00, OR $500.00)

|  |  |  |  |
| --- | --- | --- | --- |
| **Covered Costs** | **%** | **% w/*maximum $*** | **$** |
| Tuition | **%** | **%** | **$** | $ |
| Fees | **%** | **%** | **$** | $ |
| Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **%** | **%** | **$** | $ |
| Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **%** | **%** | **$** | $ |
| Specify: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  | **%** | **%** | **$** | $ |
| Mandatory Sponsor Fee |  |  |  | $20.00 |
| TOTAL |  |  |  | $ 20.00 |

Signature of Authorized Sponsor Agent \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email: SponsoredAccounts@lanecc.edu

Fax: 541-463-4174