

Teachers College, Columbia University

Third Party Contract Information

DATE _____

Student name: _____

ID# _____

Address: _____

Daytime Phone Number () _____

Semester(s): Autumn20____ Spring20____ Summer A20____ Summer B20____

This will confirm that my sponsor has agreed to make certain payments for my tuition, fees and /or other purposes, all as specified below.

I understand that the authorized amount will be transferred to my sponsor's account for payment. I also understand that any amount not authorized below is due in full by the deadline published on the Student Accounts webpage: <http://www.tc.edu/studentaccounts>

If my sponsor's payment is not received by the end of the current semester, the balance of the amount that was transferred to my sponsors account will be transferred back to my student account. I understand and agree that it will be my responsibility to satisfy the balance of my student account and that I will also be responsible for reasonable costs and fees incurred by the College if it must take action to collect the balance I owe.

Signature: _____

OFFICE OF STUDENT ACCOUNTS USE ONLY

Sponsor Name: _____

_____ ID# _____

Account Level Authorization:

All Charges _____

Tuition Only _____

Fees Only _____

Other (specify) _____

Max. Amt. \$ _____

Do you have documentation on file?

Yes _____ No _____

Signature of Authorized Staff Member _____