College Payment Authorization Form



PH: 714-8880 ~ FAX: 262-2859

UAA Kenai Peninsula College – Soldotna/Homer

Student's Name:	Tuition Payment Not to EXCEED \$:
Semester/Year:	
KPC Classes:	
Connections Authorizing Signature:	Date:
AUTHORIZATION FOR UNI	IVERSITY FEES AND AGREEMENT OF PARENT/GUARDIANS
 (KPBSD) Connections Program. It is specifical. All other fees and/or charges unreligible his/her parents/guardians. Connected 2. The University of Alaska will provide authorization as soon as the charged 3. The undersigned student/parent/guardians. School District's Connections Programs. The undersigned parties hereby agree that agreed that payment will not be authorized University (a receipt). If the required document undersigned parties that all tuition, fees an 	atted to the course(s) tuition will be the sole responsibility of the student and tions assumes no responsibility for these excess charges. It is connections with documentation verifying the amount charged against this less are made. It is also are made, and classes funded by Connections. Connections will pay tuition charged by the University of Alaska. It is also a until Connections has received verifying documentation of charges from the mentation is not provided to Connections, it is specifically understood by the ad other charges will be the sole responsibility of the parent/guardian. The area tuition fees without the required verification. If the student drops the
Parent/Guardian Signature:	Date:
Student Signature:	Date:
	MPLETED BY THE UNIVERSITY OF ALASKA RIGINAL FORM IS TO REMAIN WITH UAA
Authorized Uses TO PAY ONLY:	Actual Amount Charged to KPBSD – CONNECTIONS:
University Authorizing Signature:	Date: