The University of Kansas Sponsorship Information Release Form

Spo	onsored Student Name:	KUID:	
The spe	e University of Kansas (KU) has a pending agreement fro cific tuition and fees. These are called Authorized Char	om a third party organization(s), or Sponsor(s), that they will pay all or part oges. By completing this form I acknowledge that the University may:	
		or billing of the eligible tuition and fees senrollment, transcripts, certifications, diplomas, general financial udent account information in accordance with University policy	
I uı	nderstand that:		
1)	A temporary credit is applied to my student account while KU bills my sponsor for the authorized charges. This credit does not represent actual payment from my sponsor and can be removed from my account if my sponsor fails to pay.		
2)	If a sponsorship is changed or cancelled, or if amounts remain unpaid past the due date or respective term, I understand that I am responsible for all charges due to The University of Kansas		
3)	The above charges may include late fees and collection costs if my sponsorship is not received by the due date, or because my sponsor fails to pay authorized charges by the end of the academic term. If requested I will contact my sponsor to identify and resolve issues that may be causing delays in payment from my sponsor. This may include special documentation requests, such as enrollment certification or transcripts, made by the sponsor. There may be additional charges for some services, which I agree to pay (example would be \$10 for an Official Transcript)		
4)			
5)	I will not be allowed to enroll in future terms, receivin full	ve transcripts or diplomas until all charges on my KU account are paid	
6)	Sponsorships for future terms are not allowed until	l current sponsorships are paid in full	
		Il of the above. I authorize The University of Kansas to release to ent account information necessary to service my account.	
Student's Signature		Date	
	This document will remain in	effect until cancelled in writing by the student.	
	─────────────────────────────────	ion must be completed by a Notary Public:	
Stat	te of County of	On this day of, 20	
	• • •	ppeared before me, (check one) who is personally known to me OR	
	whose identity I proved on the basis of	, to be the signer of the above instrument.	
		Notary Public:	
		Residing at:	
		My commission expires:	
KU	verification of student providing authorization, by	Student Account Services or other authorized KU personnel:	
em]	proyec s signature.	Title Date	
Ma	il, fax or deliver in person to:	G A G COM TY C A T	
	e University of Kansas	S.A.S. Office Use Only Account #	
	60 Jayhawk Blvd., Strong Hall Room 21/23 wrence, KS 66045	Date S/I Added Initials	
	#: 785-864-1520	Date S/I Cancelled Initials	