

**The University of Kansas
Sponsorship Information Release Form**

Sponsored Student Name: _____

KUID: _____

The University of Kansas (KU) has a pending agreement from a third party organization(s), or Sponsor(s), that they will pay all or part of specific tuition and fees. These are called Authorized Charges. By completing this form I acknowledge that the University may:

- Bill my sponsor(s) with KU's standard Sponsor billing of the eligible tuition and fees
- Release to the sponsor(s) information such as enrollment, transcripts, certifications, diplomas, general financial aid award and filing information and/or KU student account information in accordance with University policy

I understand that:

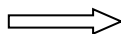
- 1) **A temporary credit is applied to my student account while KU bills my sponsor for the authorized charges. This credit does not represent actual payment from my sponsor and can be removed from my account if my sponsor fails to pay.**
- 2) **If a sponsorship is changed or cancelled, or if amounts 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.**
- 4) **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)**
- 5) **I will not be allowed to enroll in future terms, receive transcripts or diplomas until all charges on my KU account are paid in full**
- 6) **Sponsorships for future terms are not allowed until current sponsorships are paid in full**

By affixing my signature below, I agree to adhere to all of the above. I authorize The University of Kansas to release to my sponsor any student academic record and/or student account information necessary to service my account.

Student's Signature _____

Date _____

This document will remain in effect until cancelled in writing by the student.



If not delivering in person, the following section must be completed by a Notary Public:

State of _____ County of _____ On this _____ day of _____, 20____

_____ personally appeared 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 Accounts & Receivables or other authorized KU personnel:

Employee's Signature: _____ Title _____ Date _____

Mail, fax or deliver in person to:

The University of Kansas
1246 W Campus Rd, Carruth Room 1
Lawrence, KS 66045
Fax #: 785-864-5059

| | |
|-------------------------------|-----------------|
| S.A.R. Office Use Only | Account # _____ |
| Date S/I Added _____ | Initials _____ |
| Date S/I Cancelled _____ | Initials _____ |