



**MINNEAPOLIS
COLLEGE®**

Continuing Education & Workforce Development

T-4900 (Technical Building, 4th floor)
1501 Hennepin Avenue
Minneapolis, MN 55403

612-659-6500

continuing.education@minneapolis.edu

Third Party Payment Authorization Form

We would appreciate it if you used this form. If your organization requires an alternate form, please contact us.

***Required**

| Participant / Student | Bill To | Authorizing Contact |
|------------------------------|----------------------|----------------------------|
| *First Name: | *Organization: | *First Name: |
| *Last Name: | | *Last Name: |
| *Address: | *Address: | *Address: |
| *City: | *City: | *City: |
| *State: | *State: | *State: |
| *Zip Code: | *Zip Code: | *Zip Code: |
| *Email: | *Email: | *Email: |
| *Telephone: | *Organization Phone: | *Contact Phone: |

*I, _____, certify that _____ and/or the contact listed above is responsible for the payment of the registration detailed as follows:

| *Class | Class ID | Start Date | *Cost |
|----------------|-----------------|-------------------|--------------|
| | | | |
| | | | |
| *TOTAL: | | | |

*The information above will be used only for profile creation. Please send completed form via email or fax. It is important that we receive this form prior to processing all registrations. If you have any issues with the invoicing of this payment, contact our MCTC Business Office at 612-659-6880. **Requests for cancellation or change in registration must be received at least 3 business days before the class date. An administrative fee of \$15 will be charged for rescheduled or cancelled Nursing Assistant Test Out registrations, regardless of the reason or date. Your organization will be charged for no-shows.***