



Third Party Authorization Form

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

A. Participant or Student Information

Last Name **First Name**

Address

City **State** **Zip Code**

Email Address **Phone**

B. Bill To

Organization Name

Address

City **State** **Zip Code**

Email Address **Phone**

C. Authorizing Contact

Last Name **First Name**

Address

City **State** **Zip Code**

Email Address **Contact Phone**

I, (enter your name) for payment), certify that (enter the person’s name who is responsible and/or the contact listed above is responsible for the payment of the registration detailed as follows:

- | | | |
|----|-------------------------|-----------------|
| 1. | Class Name | Class ID |
| | Class Start Date | Cost |
| 2. | Class Name | Class ID |
| | Class Start Date | Cost |
| 3. | Class Name | Class ID |
| | Class Start Date | Cost |

Total Amount

*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. Your organization will be charged for no-shows.***