

# The University of Montana Western

## THIRD PARTY AUTHORIZATION

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Student Mobile/Cell Telephone: \_\_\_\_\_

Third Party Organization Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Third Party Contact Name: \_\_\_\_\_

Contact Telephone Number \_\_\_\_\_ Contact email address: \_\_\_\_\_

We are authorizing payment of the following:

TERM: Spring / Fall / Summer YEAR: \_\_\_\_\_ (complete form for one term only)

TUITION & MANDATORY FEES: Yes / No

If yes, please select one of the following options.

- Full Semester tuition and fees (regardless of dollar amount) Yes / No
- Partial Semester tuition and fees: Yes / No
  - Specific Partial Amount: \_\_\_\_\_  
(i.e. # of credits, 2 of 4 class credits, specific dollar amount)

INSURANCE: Yes / No (Call for current cost)

BOOKS: Yes / No Specific amount allowed: \_\_\_\_\_

SUPPLIES: Yes / No Specific amount allowed: \_\_\_\_\_

ROOM, MEAL & ASSOCIATED BOARD CHARGES: Yes / No

ORIENTATION FEE (one-time \$70 fee for new students): Yes / No

ADMISSION FEE (one-time \$30 fee for new students): Yes / No

We authorize payment AFTER the student receives any Pell Grant, if applicable. Yes / No

We authorize payment AFTER the student receives any Native American tuition waivers, if applicable. Yes / No

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please return completed document to:**

University of Montana Western  
Attn: Tina Walter, Business Services  
710 S. Atlantic  
Dillon, MT 59725  
Telephone: 406-683-7101 Fax: 406-683-7493