

# Anoka Technical College

Attn: Third Party Billing  
 1355 W Hwy 10, Anoka, MN 55303  
 Phone (763) 576-4876 Fax (763) 576-4771  
 dgraphenteen@anokatech.edu  
 A member of Minnesota State Colleges and Universities

## 1. Student Information

Student Name: \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
(ATC Student ID # preferred; will accept Social Security Number)  
 Email Address: \_\_\_\_\_  
 Student Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

## 2. Funding Organization / Agency Information

Agency Reference Number: \_\_\_\_\_

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Phone Number: (\_\_\_\_) \_\_\_\_\_

Billing Address: \_\_\_\_\_

Fax Number: (\_\_\_\_) \_\_\_\_\_ E-Mail: \_\_\_\_\_

Sales Tax Exemption #: \_\_\_\_\_ Federal ID #: \_\_\_\_\_  
(If applicable) (If applicable)

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

## 3. Funding Information

➤ **Should student grants be applied PRIOR to your agency funding?**  
 (Circle answer)

YES                      NO

➤ **Term covered by funding:**

\_\_\_\_\_

➤ **Your funding expires:**

\_\_\_\_\_

**If authorizing 100%, please check appropriate box:**

**Or**

**Specify dollar amount below:**

Tuition & Fees

\$

\_\_\_\_\_

Books/Supplies/Materials

\$

\_\_\_\_\_

Application Fee

\$

\_\_\_\_\_

Student ID Card

Other: \_\_\_\_\_

\$

\_\_\_\_\_

**TOTAL AUTHORIZED**

\$

\_\_\_\_\_

\$

\_\_\_\_\_

## 4. Student Release

I, the undersigned, hereby authorize Anoka Technical College to disclose any necessary educational data/information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or the Federal Family Education Rights and Privacy Act. I understand by signing the *Informed Consent Form* that I am authorizing Anoka Technical College to release or receive information that would otherwise be private and not accessible to them. I understand that without my consent, such information could not be released. This consent expires upon completion of agency funding, or after one year, whichever comes first. I am giving this consent freely and voluntarily, and I understand the consequences of giving my consent. If the funding agency does not pay, you are responsible for all fees resulting from your registration.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**DATA PRIVACY NOTICE:** Anoka Technical College is asking you to provide information that includes private and / or confidential information under state and federal law. The college is asking for this information in order to process your third party funding.

You are not legally required to provide the information the college is requesting; however, the college will not be able to process your funding. With some exceptions, unless you consent to further release of private information, access to this information will be limited to business office officials. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to federal, state and local officials for purposes of program compliance, audit or evaluation;
- to your parents, if your parents claim you as a dependent student for tax purposes;
- if the information is sought with a subpoena, court order, or otherwise permitted by other state or federal law, and
- to an organization engaged in educational research or accrediting agency.

Anoka Technical College abides by the provision of Title IX and other federal and state laws forbidding discrimination on the basis of sex, race, color, national origin or disability and all other state and federal laws regarding equal opportunity.