

Parkland College Third Party Sponsor Form

Student Name: _____ Social Security # _____

Term*: _____ Fall _____ Spring _____ Summer _____ 20____
(Choose One) *A new form must be submitted for each semester

Please Bill:

Agency Name: _____ Tax Exempt ___Yes ___No

Contact Person: _____ Tax Exempt # _____

Address: _____

Phone: _____

FOR THE FOLLOWING CHARGES: Please check the following items or items.

_____ Tuition
_____ Books
_____ Supplies

Dollar Limitations: _____

Course Limitations: _____

Signature—Responsible Official

Date

Return this form to:

Dianne Kessinger
Parkland College Business Office
2400 W Bradley Ave
Champaign, IL 61821
ph 217 351-2420
fax 217 353-2632