	Glen Oaks Community College Attn: Cashier's Office 62249 Shimmel Road, Centreville, MI 49032-9719 cashier@glenoaks.edu PH: 269-294-4235 FAX: 269-467-9068
	Student ID Number: (GOCC Student ID # preferred; will accept Social Security Number)
E-mail Address: Student Address:	City:State:Zip Code:
Contact Name:	Phone Number: ()
Fax Number: () Sales Tax Exemption #:(If appl	E-mail: Federal ID #: cable) Date:
 Funding Information ➢ Should student grants be applied PRIOR to your age funding? (Circle answer) 	ncy If authorizing 100%, please check appropriate OR Specify dollar amount below: Tuition & fees <u>ONLY</u> \$
YES NO > Please check all that apply Term(s) covered by funding	
 Fall Year Winter Year Summer Year 	books and supplies. You will need to arrange payment and pickup directly with The Oaks Store. You may contact The Oaks Store manager by calling 269-294-4305 or by email at <u>1421mgr@follett.com</u> . Thank you.

If at any time the student becomes ineligible for this benefit based on qualifications put in place by the Third Party, it is the responsibility of the Third Party to bill the student back for any balance that is determined to be due. The College will not refund the Third Party and the College will not be responsible for collecting the balance due to the Third Party.

GOCC Tuition & Fees ONLY Third Party Authorization Form

4. Student Release

I, the undersigned, hereby authorize Glen Oaks Community 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 Federal Family Education Rights and Privacy Act. I understand by signing the Informed Consent Form that I am authorizing Glen Oaks Community 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, I am responsible for all fees resulting from my registration.

Student Signature: _____ Date: _____

DATA PRIVACY NOTICE

Glen Oaks Community 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 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 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.

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