

**SPONSORING AUTHORIZATION SPECIFIC
Lane Community College**

Student Name _____ New Request _____

L# _____ Ref or File # _____ Modification _____

Sponsoring Agency Name _____

Billing Address _____

City, State & Zip _____

Contact & Ph: _____

Fax: _____

E-Mail _____ E-Mail Excel spreadsheet bills: Yes _____ No _____

The above named person is authorized to enroll/register at Lane Community College for the following dates: _____ through _____ (term or school year) with the understanding that the sponsoring agency has authorized and agreed to pay the following amounts: Example tuition 100%, or percentage up to \$ 500.00, or \$ amount.

*Tuition %, or % up to *maximum* \$, or \$ amount \$ _____

*Fees %, or % up to *maximum* \$, or \$ amount \$ _____

*Books %, or % up to *maximum* \$, or \$ amount \$ _____

*Supplies %, or % up to *maximum* \$, or \$ amount \$ _____

* _____ %, or % up to *maximum* \$, or \$ amount \$ _____
Specify Item

* _____ %, or % up to *maximum* \$, or \$ amount \$ _____
Specify Item

* _____ %, or % up to *maximum* \$, or \$ amount \$ _____
Specify Item

* Mandatory Sponsor Agency Fee is \$ 20.00 \$ _____ 20.00 _____

TOTAL \$ _____

Signature of Authorized Sponsor Agent _____

Date: _____

Fax: 541-463-4190