



Northwood Technical College
 Formally Wisconsin Indianhead Technical College
CNED AUTHORIZATION TO BILL FOR PAYMENT

Please select campus location:

<input type="checkbox"/> Ashland Campus 2100 Beaser Avenue Ashland, WI 54806 715.682.4591	<input type="checkbox"/> New Richmond Campus 1019 S Knowles Ave New Richmond, WI 54017 715.246.6561	<input type="checkbox"/> Rice Lake Campus 1900 College Drive Rice Lake, WI 54868 715.234.7082	<input type="checkbox"/> Superior Campus 600 N 21st St Superior, WI 54880 715.394.6677	<input type="checkbox"/> Online
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All Authorizations emailed to: authorization_pay@northwoodtech.edu

_____ will be covering the costs for the purpose selected below:

Company Name

Student Name: _____	ID: _____ (if known)
Student Name: _____	ID: _____ (if known)
Student Name: _____	ID: _____ (if known)
Student Name: _____	ID: _____ (if known)

*If needed, please add an additional page with all student names

Select Applicable Charges:

Tuition

Books

Misc Fees

Term/Semester or Class Date: _____
 (example: Fall 2021 semester)

*If only paying for a specific class, list the class name/number

Class Name: _____

Class Number: _____

Authorization:

I understand that this Authorization is an agreement between Northwood Tech and the company stated above. I hereby authorize Northwood Tech to bill us for all costs associated per this agreement.

_____	_____
Company Name	Telephone
_____	_____
Company Address	City, State, Zip

Contact Email Address	
_____	_____
Printed Authorized Name	Authorized Title
_____	_____
Authorized Signature	Date Signed