



Student ID Number \_\_\_\_\_

Term/Year \_\_\_\_\_

## THIRD PARTY STUDENT AUTHORIZATION

NAME: \_\_\_\_\_

DATE: \_\_\_\_\_

CHECK ALL THAT APPLY:

Fall \_\_\_\_\_

Spring \_\_\_\_\_

Summer \_\_\_\_\_

I hereby authorize the University of North Texas Health Science Center at Fort Worth (UNT Health) to invoice my sponsor for my tuition and fee-related charges that are covered under my agreement with my sponsor. Consequently, I agree to and understand the following:

- I will submit a copy of my sponsorship letter from my sponsor and the signed and completed Third Party Sponsor Authorization at least 10 days prior to the due date of the term to ensure timely posting of third party estimated credits. The sponsorship letter should state exactly what charges or dollar amount my sponsor will pay and include a billing contact name, phone number and address.
- I will notify the Third-Party Coordinator of any changes to my sponsorship agreement, my address of record or my sponsor's address.
- This agreement does not relieve me from any financial responsibility to UNT Health per the Student Financial Obligation Agreement. I am fully liable for charges not paid by my sponsor, which are subject to account holds and late fees.
- If payment is not received from my sponsor by the last day of class for the given term, estimated placeholder payments will be removed from my account and I will be responsible for any unpaid balance. This balance will be due immediately and is subject to account holds and late fee.
- If any unpaid charges on my student account become delinquent I agree to reimburse UNT Health for the fees of any collection agency, and all cost and expenses, including reasonable attorney fees, UNT Health incurs in such collection efforts as allowed by Texas Government Code Sec. 2107.003.

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