

Western New Mexico University
P.O. Box 680
Silver City, New Mexico 88062
Phone: (575) 538-6150
Fax: (575) 538-6188

Tuition/Fee Payment and Information Release Agreement

This section to be filled out by Student

Name _____ Student ID # _____ Term: __ Fall __ Spring __ Summer Year: _____
Last First MI

___ Payment for my semester University Charges, will be made by another party, (JTPA, VA, Voc Rehab, Employer, etc.) Pertinent information (Purchase Order) is attached along with a copy of all required authorization forms. I authorize Western New Mexico University to apply all financial aid provided by _____ to charges due to the university, including but not limited to tuition, fees, and housing charges.
(Third Party Agency)

___ I authorize _____ to talk or correspond with a Business Office staff member regarding my student account.
(Third Party Representative)

___ I authorize _____ to finalize my paperwork, and for Western New Mexico University to release any paperwork involved in this process to him/her.
(Third Party Representative)

___ I authorize Western New Mexico University to apply all financial aid (grants, loans, and scholarships) to charges due to the University including but not limited to tuition, fees, and housing charges.

___ I authorize Western New Mexico University and _____ to use my social security number solely for record keeping and institutional purposes.
(Third Party Agency)

___ I authorize the payment option indicated below by _____ to complete the enrollment process. I understand financial, attendance and grade information will be released to the funding agency.
(Third Party Agency)

I understand I will be fully responsible for the full amount owed for me under this agreement if I choose to drop or withdraw from a course. I must formally withdraw from the University if I choose not to attend classes. I understand that if the paying party does not pay all the charges related to my account for this enrollment, I will be responsible to pay Western New Mexico University for any balance due on my account. I understand that my financial, attendance and grade information will be released to the funding agency for the purposes of determining my eligibility, the amount or conditions of financial aid or to enforce the terms and conditions of that aid. I understand that billing correspondence will be sent to my permanent address as listed on the student information system in the Registrar's Office.

I have read, and hereby understand my rights and responsibilities as stated in this document.

Student Signature _____ Date: _____

Witness Signature _____ Date: _____

If you need further information, I can be reached at the following telephone number: _____

This section to be filled out by Third Party Agency

Program: _____ Contact: _____

Address: _____ Phone: _____

City/State/Zip: _____ Purchase Order # _____

___ Apply available financial aid to University charges first, then invoice our agency for the balance due. I understand the student will be responsible for all university charges until your financial aid office has received and awarded the results of the FAFSA (Free Application for Federal Student Aid) submission.

___ Invoice our agency \$ _____ for the University charges related to the student's account. I understand the amount our agency pays toward the student's account will be listed as a resource with the Financial Aid Office, and the student may be eligible for other financial aid.

Please complete and return as soon as possible. You will be sent a copy of your statement as a confirmation of your finalization.