



RECEIVABLE FORM
Third Party Billing Tuition Assistance

Student Name _____ W# _____ Semester _____

Mailing Address _____ Date of Birth ____ / ____ / ____

City _____ State _____ ZIP _____ Cell Phone (____) _____ Driver's License # _____

Third Party Billing Organization: Please check next to the organization providing your tuition assistance

- Chapter 33 (Post 9/11 GI Bill) Chapter 31 (Federal Vocational Rehab) Air Force
Alabama PACT AmeriCorps Army
Florida PACT Louisiana Bowling Association Louisiana Pathways
Mississippi PACT Naval Research Lab Other _____

Will you receive a National Guard tuition waiver? Yes No Are you the Veteran? Yes No
Are you a SLU employee, dependent, or GA? Yes No
Have you submitted your VCR form to the Office of Military and Veterans Success? Yes No
Are you taking any classes at Northshore Technical Community College? Yes No

NOTE: You are required to submit a recent (dated within four months) Award Certificate (Eligibility Letter) from the third party organization as well as a copy of your driver's license or state ID card.

RELEASE OF PERSONAL INFORMATION: I authorize Southeastern Louisiana University to release my personal information as required to the Third Party Billing Organization or its representatives. The information may include anything listed on this form, costs associated with the semester, courses, partial or entire social security number and grades earned in classes taken.

Students' Responsibility:

I understand that if the third party billing organization fails to provide payment for the total amount credited to my account, I will be responsible for paying the unpaid balance promptly.

Delinquent Accounts:

I agree and understand that failure to make payments of all debts including this debt and/or prior semester debts will result in a block from early registration and that I will not be allowed to enroll in the University until such debts are paid. Furthermore, academic records (transcripts, diploma, etc.) will not be released until the debt is paid in full.

Collection Costs:

I bind and obligate myself to pay the fees of the collection agency employed, including collection fees of thirty-three and one third percent (33 1/3%) of the aggregate amount recovered plus court costs, attorney fees and expenses.

I have read the statements and agree to the above terms.

Student's Signature _____ Date _____

Controller's Office Signature _____ Date _____