

**BLUE RIDGE COMMUNITY COLLEGE
THIRD PARTY/EMPLOYER CONTRACT INFORMATION**

MAILING ADDRESS: PO BOX 80; WEYERS CAVE, VA 24486-0080
FAX: 540-234-8189; PHONE: 540-453-2529; email: rexrodea@brcc.edu --Agnes Rexrode

Student Name: _____ **Student ID#:** _____

ORGANIZATION TYPE: business, non-profit, school, other

PROPRIETORSHIP fed gov./state gov., local gov., sole proprietorship private corp. other

ORGANIZATION NAME _____

FEDERAL ID # _____

CONTACT NAME _____

JOB TITLE _____

PHONE _____ EMAIL _____

BILLING ADDRESS _____

CITY _____ STATE _____ ZIP _____

CONTRACT INFORMATION

SEMESTER _____

CONTRACT MAX AMOUNT (\$ OR %) TUITION _____ BOOKS _____

* A new Third Party/Employer contract must be submitted **each semester**

I have agreed that the sponsoring agent will be responsible for payment of tuition and fees on my behalf. However, in the event the sponsoring agent declines payment for any reason, I agree to assume full responsibility for all related tuition and fees. It is further understood that until all debt to the College is satisfied, all future student services, including registration, will be denied.

STUDENT SIGNATURE _____ DATE _____

SPONSOR/EMPLOYER SIGNATURE _____ DATE _____