

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

**MAILING ADDRESS: PO BOX 80; WEYERS CAVE, VA 24486-0080**

**Email: [cashier@brcc.edu](mailto:cashier@brcc.edu) ; PHONE: 540-453-2301; FAX: 540-234-8189**

Student Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

ORGANIZATION TYPE: (circle one) business, non-profit, school, other

PROPRIETORSHIP: (circle one) 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 \_\_\_\_\_

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**CONTRACT INFORMATION**

SEMESTER \_\_\_\_\_

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

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

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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 \_\_\_\_\_