

Blue Ridge Community College

Third Party/Employer Contract Information

Mailing Address: PO Box 80, Weyers Cave, VA 24486-0080

Email: cashier@brcc.edu **Phone:** 540-453-2301 **Fax:** 540-234-8189 **Website:** <https://brcc.edu>

Student Information

Student Name: _____ Student ID#: _____

Organization Information

Organization Type:

Business Non-Profit School Other

Proprietorship:

Fed/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 Maximum 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: _____