Tuition Assistance Form

(Please print this form on your company letterhead)

To: Tidewater Community College Date: _____

Campus: _____

We authorize Tidewater Community College to bill our company for the below listed student and the appropriate charges for the _____ term. We will assume responsibility for tuition and fees regardless of grades and attendance. We understand that if the student withdraws from the class after the deadline for refunds we are still obligated to pay. We understand we must provide a completed W-9 along with this form if we have not provided one before. For your convenience, the following is the link to the Virginia.gov website where you can download a Commonwealth of Virginia Substitute Form W-9.
www.doa.virginia.gov/Admin_Services/CVG/Forms/W9_COVSubstitute.pdf

Student Name: _____

Student ID# or last four of SSN if Student ID# not known: _____

Course/s Title & #: _____

_____

_____

_____

Amount Authorized: _____

Please send the invoice to the following name and address:

Company Name: _____

Attention: _____

Address: _____

_____

_____ _____ _____

City State Zip

Phone: _____

Please note: Students may apply for and/or receive Financial Aid from other sources. Under the Federal Right to Privacy Act, Tidewater Community College cannot disclose any student information without the written consent (on a separate form) of the student. If it is determined that this form is fraudulent and/or was not authorized by the company, TCC may pursue the student for payment.

_____

Student Signature **(required)**

_____ _____

Company Signer's Printed Name Authorized Signature **(required)**

updated 4/20/16

WC 9/15/17