

Normandale Community College  
Attn: Student Financial Services  
9700 France Ave S, Bloomington, MN 55431  
Phone (952) 358-8242 Fax (952) 358-8235  
paymentbilling@normandale.edu



**NORMANDALE**  
COMMUNITY COLLEGE

### Student Information:

Student Name: \_\_\_\_\_ Student Id Number: \_\_\_\_\_

### Funding Organization/Agency Information

Organization: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Sales Tax Exempt #: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_

### Funding Information

Term(s) covered by funding: \_\_\_\_\_

Should student grants/scholarships be applied BEFORE your agency funding? YES \_\_\_\_\_ NO \_\_\_\_\_

#### Funding Amounts

Tuition and Fees

\$ \_\_\_\_\_

Books

\$ \_\_\_\_\_

Supplies

\$ \_\_\_\_\_

Other (please specify)

\$ \_\_\_\_\_

### Student Release

I, the undersigned, hereby authorize Normandale Community College to disclose any necessary educational data/information related to receiving funding from the above agency/organization. I understand that the records information related to receiving funding may contain data that is classified as private under the Minnesota Data Practices Act, Chapter 13 and/or Federal Family Education Rights and Privacy Act. I understand that by signing the *Informed Consent* form that I am authorizing Normandale Community College to release or receive information that would otherwise be private and not accessible to them. I understand that without my consent, such information could not be released. This consent expires upon completion of agency funding, or after one year, whichever comes first. I am giving this consent freely and voluntarily, and I understand the consequences of giving my consent.

Student Signature: \_\_\_\_\_

Date: \_\_\_\_\_