

## **Corporate Tuition Assistance Direct Billing Authorization**

## **Student Information**

Student Name:	Student ID:	
Phone #:	E-mail Address:	
Corporate Billing Information		
Company Name:		
Invoicing Address:		
City:	State:	Zip Code:
Company Contact:		
Contact Phone #:	Contact E-mail Address:	
Please invoice via: US Mail [		
Authorized Signature:		Date:
Tuition Assistance Information		
Effective Date:		
Covers: Tuition Fees	Books	
Grade Required: Yes No In	f yes, provide the specifics of the con	npany policy
Authorized Amount for this single OR Annual Cap amount: \$	cal Year (define fiscal year dates): _	to
eligibility.  In the event Bellevue Univ will be responsible for any  Student is required to compregarding academic recording Student is responsible for any	otifying Bellevue University Billing I resity does not receive payment from y unpaid balance. plete a FERPA Information Release in the or financial student accountinform	PA Information Release to employer is not completed
FERPA Information Release:		
<ul> <li>Log into <u>BRUIN</u></li> <li>Click on Resources and Formula</li> </ul>	omma Tilo	
Click on <b>Resources and F</b> Click on <b>Forms</b> Tile	orms the	
Click on Student Forms		

o Click on Save

Complete the form

Click on Student Information Release

o Select All Education Records

Enter a Company EmailEnter Company Address

o Enter Recipient Name (Name of your company)