

Finance and Accounting Division University Bursar http://fa.ufl.edu/bursar

Print Name & Sign

S113 Criser Hall PO Box 114050 Gainesville, FL 32611-4050 352-392-0181 352-392-3448 Fax

## **MEMORANDUM**

WILMORANDC	7171
TO:	Students with Third Party Sponsors
FROM:	University Bursar
SUBJECT:	Letter of Acknowledgement
will be billed to bill for other ch term of sponsor authorization do All revised or no that applicable to	(Term), the University Bursar (UB) will begin processing a Third- eferment on your behalf. As a result, your tuition, related fees, and authorized health insurance premiums your Sponsor based on documentation that has been provided to us. Please note that we are unable to arges such as Housing, Student Health Care Center, Library, UF all access charges, etc. After the first rship, UB will automatically bill the Sponsor as long as you are registered for classes, have a current becoment on file, and the Sponsor is not two terms delinquent in payments for any of the Sponsor's students we billing authorization documents must be presented to UB prior to the tuition/fee payment deadline for erm. If documentation is received after the deadline date, a late payment charge of \$100.00 may be added by your billing authorization may not be accepted.
register late, the registration and of your tuition is tuition/fees wil possibly sent to	Registrar will assess their \$100.00 late registration fee that will be added to your debt. Payment of late late payment charges will be your responsibility. UB will not bill the Sponsor for these charges. Payment is a joint responsibility. If your sponsor's payment becomes two terms delinquent, the balance of the late become your responsibility and your delinquent debt will be reported to a credit bureau and a collection agency. In addition, if all payments from your sponsor are not received by the term of your old will be placed on your account that will prevent the release of grades, transcripts, diploma, and other ces.
	/fee payment deadline of every term, UB will invoice your Sponsor for payment. Included on the the following information:
1. 2. 3. 4. 5.	Course Number Number of hours Other payments (i.e., waivers) Course cost Last four digits of the social security number (if applicable) Health insurance premiums (if authorized)
•	neational Rights and Privacy Act ( <u>FERPA</u> ) protects the privacy of student's records. While the above onsidered confidential, your Sponsor may require it.
	his document, you acknowledge that you understand and agree with sending the confidential information and that you received a copy of our Third-Party Sponsor policy with this memorandum for your records.
Return complete	ed document via fax at 352-392-3448, or mail or return in person at the address above.
Print Name of S	ponsor:

UFID#

Date