



EMS Authorization to Bill

This form authorizes Northeast Wisconsin Technical College to submit for payment, a bill for all specified fees related to the training and education of the student(s) listed below.

Name of Organization:	
Contact Name:	
Address:	
Phone/e-mail:	
PO # (if applicable):	
School Year: 20__-20__	Semester: ___ Summer ___ Fall ___ Spring

Invoice for:

<input type="checkbox"/> Tuition	<input type="checkbox"/> Required Supplies
<input type="checkbox"/> Required Books/Modules	<input type="checkbox"/> Caregiver Background Check

ALL students listed below are authorized to take ALL listed courses.

Catalog #	Class Title	Class #

*Leaving this section blank authorizes NWTC to bill for any and all classes for which a student registers. NWTC accepts no responsibility for determining which classes are related to your organization and which are not. NOTE: NWTC reserves the right to substitute the same course, but a different class (time, date, etc.) at the request of the student without obtaining a new authorization.

Check box that applies:

<input type="checkbox"/> Please enroll the following students	<input type="checkbox"/>
<input type="checkbox"/> Individuals will call to enroll separately	<input type="checkbox"/>

Name of Student (First, MI, Last)	Student ID or National ID

Authorizing Signature:	
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Please complete this ATB and mail, fax, or e-mail to:
 Northeast Wisconsin Technical College
 Attn: Margaret Quam
 2740 W Mason Street
 PO Box 19042
 Green Bay, WI 54307-9042
 Fax: 920-498-5673
 E-Mail: margaret.quam@nwtc.edu

Please note: Enrollment into the requested course is subject to course availability.