



Public Safety Authorization to Bill

Fire Training **CLASSES** Only

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

Name of Organization:	
Contact Name:	
Address:	
Phone:	Email address:
PO # (if applicable):	NWTC Organization ID (if known):
School Year: 20_____	Semester: ___ Summer ___ Fall ___ Spring

Invoice for:

	Tuition

Class Title	Class Number	Catalog Number

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

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

*Attendees will be emailed a confirmation confirming their attendance in addition to the organization contact if this form is received prior to the course start date.**IMPORTANT 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.

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

Please note: Enrollment into the requested course is subject to course availability. Questions? Visit <http://www.nwtc.edu/myorganization> for more information.