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 (Required)	Phone Number (Required)	Student mailing Address (Required)

*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:	

Please complete this ATB and mail, fax, or e-mail to:
Northeast Wisconsin Technical College
Attn: Amy Mauk
2740 W Mason Street
PO Box 19042
Green Bay, WI 54307-9042
Fax: 920-498-5673
E-Mail: Amy.Mauk@NWTC.EDU

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