



COMPANY SPONSORSHIP AGREEMENT

This Company Sponsorship Agreement form is required for the processing of company-sponsored payments for student tuition and fees. It must be completed and signed by both the student and the sponsoring company/third party. Submission Methods: Please return this completed and signed form to Terra State Community College either by mailing it to 2830 Napoleon Rd., Fremont, Ohio or by emailing it to cashier@terra.edu. You may also fax it to 419.334.9828.

Completed by student: Payment Responsibility: The student and the sponsoring company/third party must understand their obligations. In the event the third party fails to pay as agreed, the student is responsible for all charges.

Printed Name: (Last, First): _____ Student ID#: _____

Phone: _____ Email: _____

Semester: _____ Apprenticeship: (Yes/No) _____ Sponsored: 'Sponsored' indicates financial responsibility taken by the company/third party.)" (Yes/No) _____

Classes/Courses: _____

FERPA: I, the undersigned, do hereby consent to agree that as part of the sponsorship program at Terra State Community College, I give permission for my Terra State coursework, grades and academic standing be sent to _____ by email _____ (Department/Contact name, email address, Company name). If for any reason I decide to discontinue releasing my information I must contact the Student Records Office in writing or by email (recordsdept@terra.edu) at Terra State Community College. I have read and understand the foregoing statement and am competent to execute this agreement.

Student Signature: _____ Date: _____

Complete by Third Party: Third Party Commitment: As the sponsoring entity, please detail below the extent of your sponsorship and agree to the payment terms outlined.

Company/Third Party Payor Name: _____

Address: _____ Phone: _____

Company Contact: _____ Email: _____

Course Coverage Information:

The third party agrees to hold financial responsibility for **ALLCHARGES** related to the student indicated above. Additionally, as a legally authorized signer of the company/third party, I agree:

- **To accept standard invoicing from TSCC for all covered charges.**
- **To make payment immediately upon receipt of TSCC's invoice.**
- **Payment is not contingent on the student's academic performance or class attendance.**
- **This form must be submitted 10 days prior to the fee payment deadline listed on the academic calendar. Failure to do so may result in delays or financial holds on the student's account.**

Printed name of authorized signer: _____

Signature of authorized signer: _____