

Authorization for Payment

I Hereby Authorize the following (**please PRINT**):

Name	Student ID # or DOB	Name	Student ID # or DOB
1.		7.	
2.		8.	
3.		9.	
4.		10.	
5.		11.	
6.		12.	

to take the following class, **please check**:

- | | |
|---|--|
| <input type="checkbox"/> EMT Basic | <input type="checkbox"/> EMT-Basic Refresher |
| <input type="checkbox"/> Intermediate Tech | <input type="checkbox"/> Interm. Tech Refr |
| <input type="checkbox"/> EMT Paramedic | <input type="checkbox"/> EMT-P Refresher |
| <input type="checkbox"/> Med First Resp Basic | <input type="checkbox"/> Med First Resp Refr |
| <input type="checkbox"/> Other (Please Specify) _____ | |

Authorized Expenses: Term (please check): ___ Spring ___ Summer ___ Fall

_____ Tuition – Not to Exceed \$ _____

_____ Required Books – Not to Exceed \$ _____ (**Students are responsible for picking up books.**)

_____ Other (Please Circle) – Not to Exceed \$ _____

Application Fee - \$30 Background Check - \$20 Compass Test - \$20

Billing Information:

 Agency/Company Name Print Authorized Name

 P.O./Street Address ****Authorized Signature****

 City State Zip Telephone Number

 Tax Exempt (Yes or No) and Tax Exempt # Email address

Return Completed/Signed Form To: **Cashier's Office**
Western Technical College
400 Seventh St. North / PO Box C-0908
La Crosse, WI 54602-0908

Please call 608-785-9121 with questions. You may fax this form to 608-789-4720.

This form must be received in the Cashier's Office within 14 calendar days from the date of registration or the first day of class, whichever occurs first.