



Authorization for Payment

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

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

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

- | | |
|---|---|
| <input type="checkbox"/> EMT Paramedic Tech Diploma (10-531-9__) | <input type="checkbox"/> AEMT Refresher (47-531-478) |
| <input type="checkbox"/> EMR/EMT Part 1 (30-531-100) | <input type="checkbox"/> Paramedic Refresher (42-531-490) |
| <input type="checkbox"/> EMT Part 2 (30-531-101) | <input type="checkbox"/> RN to EMT Transition (10-531-193) |
| <input type="checkbox"/> AEMT (30-531-103) | <input type="checkbox"/> Initial First Responder (47-531-482) |
| <input type="checkbox"/> AEMT Clinical (30-531-104) | <input type="checkbox"/> Ambulance Driving (47-531-403) |
| <input type="checkbox"/> EMR (First Respr) Refresher (47-531-483) | <input type="checkbox"/> CPR |
| <input type="checkbox"/> EMT- Refresher (47-531-401) | <input type="checkbox"/> Other (Please Specify) _____ |

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

- Tuition – Not to Exceed \$ _____
- Books

All textbooks are now ordered online at <https://westernnc.ecampus.com/>

Billing Information: Is this a new address? Y N

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 Number _____

Email address _____

Please submit this form at the time of registration. This authorization confirms your financial responsibility. Cancellation of this authorization must be submitted in writing to the Cashier's Office prior to the first class meeting to release your financial obligation.

**Return Completed/Signed Form Along With Group Registration Form to:
Western Technical College, HPS, 400 7th St N, La Crosse, WI 54601**

Email: irwink@westernnc.edu

Please call 608-785-9295 with questions

The agency (or student) is responsible for dropping their students and will be liable for any charges that may be applicable. **Refunds:** Refunds are based on the beginning date and scheduled length of classes and the date the class is officially dropped. Refunds are not based on whether or not the student attends the class. For all classes the refund policy is: 100% if the district cancels the class; 100% of refundable fees if the student officially drops the class before the first class meeting and has turned in the correct paperwork to Enrollment Services before the first class meeting; 80% of refundable fees if less than 11% of total class meetings have met; 60% of refundable fees if between 11-20% of total class meetings have met. No refund after more than 20% of total class meetings have met.