

*Jassen Community College*  
**FEE PAYMENT CONTRACT – AGENCY BILLING**

Semester (write year by semester you will be attending):

Fall \_\_\_\_\_ Spring \_\_\_\_\_ Summer \_\_\_\_\_

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**PART I – STUDENT INFORMATION:**

Student Name: \_\_\_\_\_  
Last First MI

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Drivers License State & Number: \_\_\_\_\_

Address: \_\_\_\_\_  
(Local mailing address) (City) (State) (ZIP)

\_\_\_\_\_ (Permanent mailing address) (City) (State) (ZIP)

Local Phone Number: (\_\_\_\_\_) \_\_\_\_\_ Permanent Phone Number: (\_\_\_\_\_) \_\_\_\_\_

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**PART II – AGENCY TO BE BILLED:**

Name of Agency: \_\_\_\_\_ Phone Number of Agency: \_\_\_\_\_

Contact Person at Agency: \_\_\_\_\_

Mailing Address of Agency: \_\_\_\_\_

Section and Course Number: \_\_\_\_\_  
(example #0001 Cors 99)

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**PART III – ADMISSIONS & RECORDS OFFICE:**

Tuition \$ \_\_\_\_\_

Enroll Fee \$ \_\_\_\_\_

Health Fee \$ \_\_\_\_\_

Miscellaneous Fee \$ \_\_\_\_\_

TOTAL UNITS ENROLLED IN: \_\_\_\_\_

TOTAL OF ENROLLMENT FEES: \_\_\_\_\_ Admissions & Records Signature: \_\_\_\_\_

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**PART IV – STUDENT ACKNOWLEDGEMENT OF CHARGES:**

My Signature below verifies that I understand and agree

- to the college expenses detailed on this agreement,
- that I am responsible for the payment of the course(s) if the agency fails to pay.
- **that according to Board Policy 3390, students in default on any payments due the District will not be allowed to register for future classes and will have academic transcripts withheld until satisfactory repayment arrangements are made with the District's Business Office.**

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Student Signature

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Today's Date

Payment for outstanding balances may be made at the Business Office –Phone Number (530) 257-6181 ext. 8708.