



STUDENT AUTHORIZATION / PARENTAL (DESIGNATED INDIVIDUAL) AGREEMENT

I authorize Thames to communicate with my parent(s) or other designated individual(s), whose name(s) appear below (my "Representative(s)"), concerning all billing and financial arrangements relating to my registration and/or attendance at Thames. This authorization includes, but is not limited to, any and all information about fees, charges, amounts due, collections, and other information/documentation. I also authorize my Representative(s) to deal with Thames regarding any matters relating to these financial arrangements and generally to manage my financial affairs with Thames.

Print Student' Name: _____ Signature: _____ Date: _____

I/we accept responsibility for the student's financial obligations to Thames. I/we authorize Thames to communicate with me/us at the email addresses specified below. This authorization includes sending bills and other information to me/us at such email address (es). *(If you prefer that we communicate using only one email address, please list only one address below.)*

Print Representative's Name: _____ Signature: _____

Relationship to Student: _____ Email: _____ Date: _____

Print Representative's Name: _____ Signature: _____

Relationship to Student: _____ Email: _____ Date: _____

Third Party Financial Arrangements:

I/we have arrangements with a third party organization to assume financial responsibility for costs to attend Thames at Mitchell. I am providing the following billing instructions and acknowledge that the third party organization is aware and has agreed to pay these costs. I also acknowledge that, by accepting responsibility for these costs, I/we accept responsibility for the student's financial obligations to Thames. I/we authorize Thames at Mitchell to communicate with this organization as it pertains to billing and collection of the student account.

Print Name: _____ Signature: _____ Date: _____

Third Party Organization:	
Third Party Representative:	
Address:	
Phone Number:	
Email Address:	
Amount to be billed:	

NOTE: Parent(s) or other Representative(s) must sign the Financial Responsibility Agreement in addition to this form.