Print Form

THE UNIVERSITY OF TENNESSEE
Health Science Center

Bursar's Office
910 Madison Ave, Ste. WP012
Memphis, TN 38163
901-448-5550 phone
901-448-6795 fax

THIRD PARTY / SPONSOR
PAYMENT DEFERRAL AGREEMENT

Student Name:_____ **I.D.#**_____

Sponsor's Name: _____

Sponsor's Contact Information Address:_____
Street **City** **State** **Zip** **Country**

Sponsor's Contact Telephone #: _____

Fee Amount $_____ **Term** _____
Bursar Office Use Only

I_____ acknowledge a debt owed to the University of Tennessee Health Science Center and that **I am solely responsible for this debt**. I understand that I must pay the debt even if I am not satisfied with my educational services. In consideration of the University of Tennessee Health Science Center permitting me to complete enrollment for the term indicated, I hereby assign to the University of Tennessee Health Science Center my rights to payment or reimbursement from my sponsor. I authorize and request my sponsor to make such payment or reimbursement to the University of Tennessee Health Science Center on my behalf.

I understand that the University of Tennessee Health Science Center is entitled to its normal fees in accordance with its normal rates and refund policies. In the event of withdrawal from any or all courses for the term indicated, **I understand that I am solely responsible** for my debt/fee payment per University policy. I understand that it is my responsibility to provide all necessary paper work and additional information to my sponsor. Additionally, I understand that I am responsible for **all cost** including collection cost and attorney fees to satisfy my debt owed to the University of Tennessee Health Science Center in the event of nonpayment.

I understand that this information is considered a student's education and financial record. Further, I understand that by signing this release, I am waiving my right to keep this information confidential under the Family Education Rights and Privacy Act (FERPA). I certify that my consent for disclosure of this information is entirely voluntary. I understand this consent for disclosure of information can be revoked by me in writing at any time, but will not affect the information released under my previous consent. If I wish to make any changes to my consent for release, I understand I will need to complete and file a new form. **The authorization on this form will supersede all prior authorizations for release of my information.**

Student Signature Date

THIS FORM MUST BE COMPLETED IN FULL IN ORDER TO INVOICE YOUR SPONSOR.