

REQUEST FOR 3RD PARTY BILLING

Sponsor Billing Student Acknowledgement & Information Release – Academic Year 2026-2027

Student Name

University of Iowa ID# (student ID number)

Sponsoring Agency

Sponsor Address

Sponsor Contact Name

Sponsor Contact Email

Statement of Responsibility: I acknowledge and understand the terms required to participate in the University of Iowa (“University”) sponsor billing program, including but not limited to the following:

- The University must receive all necessary completed forms, documentation, and/or guarantee letters directly from my sponsor.
- The University will submit allowable charges to my sponsor on my behalf, but the responsibility for payment of all charges remains with me.
 - Fall semester tuition and fees will appear on/after the August bill.
 - Spring semester tuition and fees will appear on/after the January bill.
- I am fully responsible for the timely payment of all charges that my sponsor does not allow or pay.
- My sponsor will not be billed for terms or charges that are not posted to my account or covered by their guarantee.
- Charges billed to my sponsor but not yet paid will remain on my account in a deferred status until paid or until the end of each semester, whichever occurs first. I am responsible for monitoring my account and ensuring that my sponsor pays on time.
- If my sponsor fails to pay, the deferment will be removed from my account, and I will be denied registration privileges for the next semester, and my charging privileges will be suspended until the debt is paid to the University.

*I acknowledge that I am fully responsible for all charges assessed to my student account, regardless of third-party sponsorship, including a \$100 **per session** invoicing fee if not paid by my sponsor.*

Initials Required

Consent for Release of Educational Records: The Family Education Rights and Privacy Act (FERPA) affords certain rights to students concerning the privacy of, and access to, their education records. I authorize the University to release portions of my educational record, including enrollment status, grades, financial aid and award letters, University bills and financial documents to the above-named sponsor for the purposes of invoicing and payment.

Student Signature

Date

Expected Graduation Date

Unless I contact University Billing in writing to withdraw my consent, this acknowledgement and release will remain in effect for one year from the date of execution.

Send this completed and signed form to University Billing at ubill-3rdparty@uiowa.edu