

Employer Sponsor Information Form

Student Information

Student ID # (if known) _____ Birth Date _____ Sex M F
(Required)

Last Name _____ First _____ MI _____

Street Address _____

City _____ State _____ Zip Code _____

(Area Code) Telephone Number (Home) _____ (Area Code) Telephone (Work) _____

Email Address _____

I authorize MCCC to release attendance and grade information to the below named employer.

Electronic Signature Consent*

- By checking here, you are consenting to the use of your electronic signature in lieu of an original signature on paper.

Employer Information

Name Company/Organization _____
authorizes MCCC to register the student listed for the continuing studies classes listed below and will take responsibility for payment of all tuition and fees.

***Please reimburse your employees directly for the books purchased from the bookstore.**

Manager's Name _____ Title _____
Phone # _____ Fax # _____
Email Address _____
Mailing Address _____
City _____ State _____ Zip _____

Billing Department Contact _____
Phone # _____ Fax # _____
Email Address _____
Mailing Address _____
City _____ State _____ Zip _____

Electronic Signature Consent*

- By checking here, you are consenting to the use of your electronic signature in lieu of an original signature on paper.

Course Information

Course/Reference # _____

