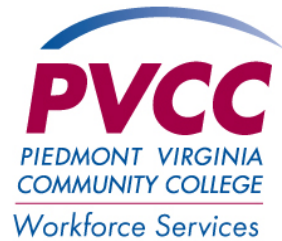


# Third Party Payment Authorization Form



Organization Name: \_\_\_\_\_

Invoicing Contact Name: \_\_\_\_\_

Email: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Student Name: \_\_\_\_\_ Phone: ( ) \_\_\_\_\_

Address: \_\_\_\_\_ DOB: \_\_\_\_\_

City/County: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Last 4 Digits SS#: \_\_\_\_\_

Email: \_\_\_\_\_ VCCS Student ID#: \_\_\_\_\_ (if known)

*Full SS# is required for WCG/FastForward funding; a staff member will call upon receipt of this form to complete this information.*

*List of programs eligible for WCG/FastForward funding is located at <https://www.pvcc.edu/FastForward-Approved-Programs>.*

Indicate below all course(s)/program(s) for which student should be registered and payment is being approved.

Course ID	Course/Program Title	Start Date	Total Tuition	WCG/FF Eligible
_____	_____	_____	\$ _____	Yes___ No___
_____	_____	_____	\$ _____	Yes___ No___
_____	_____	_____	\$ _____	Yes___ No___
_____	_____	_____	\$ _____	Yes___ No___

**If registering the student for a WCG/FastForward eligible program, complete the next section. If not, skip to the final authorization section.**

Complete either Sections A or B to indicate the organization's intent to participate in the Workforce Credentials Grant (WCG)/FastForward funding.

### **Section A: Opt-Out of Participation in Workforce Credentials Grant (WCG)/FastForward Funding**

Initial each item below to acknowledge that the organization wishes to **opt-out** of participating in WCG.

\_\_\_ Employer and/or Sponsor has elected not to participate in the New Economy Workforce Credential Grant Program (WCG).

\_\_\_ Employer and/or Sponsor understands and acknowledges electing not to participate in WCG means there will be no WCG funding support for any employees even in cases where the employee is domiciled in Virginia and WCG funding is available.

\_\_\_ Employer and/or Sponsor understands and acknowledges electing not to participate in WCG means employer and/or sponsor shall pay the full amount of the total course cost for each student enrolled in the course regardless of employee's completion of class, grade, and/or credential attainment status.

\_\_\_ Employer and/or Sponsor has been made aware of the availability of the WCG and is aware and understands its provisions.

**Max Funding Approved for Above Courses/Programs: \$ \_\_\_\_\_**

## **Section B: Participate in Workforce Credentials Grant (WCG)/FastForward Funding**

Include the FastForward agreement (completed by the student) when submitting this form and initial one of the lines below to indicate who will accept fiscal responsibility if the student does not earn a satisfactory grade. Also note the maximum funding approved.

\_\_\_\_\_ If the student fails to earn a satisfactory grade in the WCG/FastForward program(s) above, the organization accepts fiscal responsibility and will be invoiced for the second 1/3 of the tuition as outlined in the WCG/FastForward agreement.

**Max Funding Approved for WCG/FastForward Programs: \$ \_\_\_\_\_**  
(Sum of the first and second 1/3 of the total tuition for all WCG/FastForward Programs)

\_\_\_\_\_ If student fails to earn a satisfactory grade, the organization does not accept fiscal responsibility for the second 1/3 of the tuition as outlined in the WCG/FastForward agreement. The student will be charged directly by the college.

**Max Funding Approved for WCG/FastForward Programs: \$ \_\_\_\_\_**  
(The first 1/3 of total tuition for all WCG/FastForward Programs)

.....

**Authorized Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Print Name:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Email:** \_\_\_\_\_ **Phone:** (     ) \_\_\_\_\_

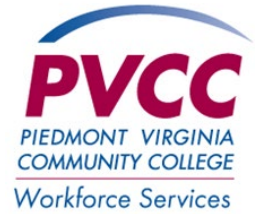
### **Helpful Hints to Complete Third Party Payment & Registration Process**

1. Have the prospective student complete and sign the final page of this form (Release of Information to Third Party Consent).
2. If planning to participate in Workforce Credentials Grant/FastForward funding, have the prospective student complete the FastForward Agreement. This agreement can be found at <https://www.pvcc.edu/workforce/fundingassistance>.
3. Complete all fields and relevant sections on this Third Party Payment Authorization Form.
4. For assistance completing the form, call Workforce Services at 434-961-5354.
5. Send completed form (3 pages) and FastForward agreement, if applicable, to [workforce@pvcc.edu](mailto:workforce@pvcc.edu).
6. A team member will respond within 2 business days to review the form and process the registration.

Course registration is on a first-come, first-served basis. Early registration is encouraged to secure a space!

# Release of Information to Third Party

## Consent Form



In accordance with the Family Educational Rights to Privacy Act (FERPA), Piedmont Virginia Community College protects the personally identifiable information within students' educational records, FERPA limits the release of educational records, except in those cases where a student provides written authorization. By completing this form, you are authorizing Piedmont Virginia Community College to release information contained within your records.

Student Name: \_\_\_\_\_ (please print)

VCCS Student ID#: \_\_\_\_\_ (if known)

Phone: (    ) \_\_\_\_\_

Email: \_\_\_\_\_

By signing below, I authorize the following person(s) and/or organization(s) to have access to my educational records and allow them the freedom to discuss these records with college officials:

Organization(s) Name: \_\_\_\_\_ (please print)

Person(s) Name: \_\_\_\_\_ (please print)

Relationship to Student: \_\_\_\_\_

Please check all that are applicable:

Class attendance       Enrollment information       Financial aid

Grades       Disciplinary Action/Issues       Other

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Email completed forms to: [workforce@pvcc.edu](mailto:workforce@pvcc.edu)