



Expanded Options Program Billing Authorization

Instructions: Complete this form at least two (2) weeks prior to the term for **each term authorized** and fax to PCC Student Accounts (971-722-2816). Complete course information is required and may be obtained via the online schedule at <http://www.pcc.edu/schedule/>.

Important! Students will be billed directly for any charges not specifically authorized.

High School Billing Information (please print legibly)

Sponsoring School District	PCC School ID	Phone
Billing Contact Name	E-Mail	Fax
Billing Address	City	State/Zip

Student Information:

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Last Name	First Name	Middle Initial	PCC Student ID
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Course Information (all fields required)

Term	CRN	Course Title	# Credits
Maximum Credits Allowed:			

COURSE SUBSTITUTIONS:	Indicate here if the student <input type="checkbox"/> is <input type="checkbox"/> is not authorized to substitute courses if a course listed is not available.
BOOK AUTHORIZATION:	Enter a maximum amount to authorize the student to charge books. Maximum book allowance \$ _____

The student listed herein has been deemed to be eligible by the High School District (HS) for participation in the Expanded Early Options Program. The HS agrees to pay all tuition, course fees and book charges associated with the above listed courses, unless otherwise noted, without regard to the student's attendance or academic progress. Furthermore, the HS agrees to maintain the student's written consent for sharing of information between the SD, PCC and other support services.

Authorized School Official:

X

Name	Title	Signature	Date
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