



## University Billing

UI Service Center  
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Iowa City, Iowa 52242  
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Fax 319-353-2442  
ubill@uiowa.edu

### Request for 3<sup>rd</sup> Party Billing

Sponsor Billing Student Acknowledgment and Information  
Release **Academic Year 2025 - 2026**

\_\_\_\_\_  
Student Name

\_\_\_\_\_  
University of Iowa 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 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, my charging ability will be suspended, and no transcript(s) and/or diploma(s) will be released 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 the Billing Office in writing to withdraw my consent, this acknowledgment and release will remain in effect for one year from the date of execution.**

Send this completed and signed form to the University Billing Office at [ubill-3rdparty@uiowa.edu](mailto:ubill-3rdparty@uiowa.edu)