



Rogue Community College

PUBLIC SAFETY PROGRAMS

7800 PACIFIC AVENUE  
WHITE CITY, OR 97503

PH: 541-245-7965

FAX: 541-774-4230

AUTHORIZATION TO BILL FORM

COURSE INFORMATION

Course# | Course Title:

Section# | Location:

Term: Fall  Winter  Spring  Summer

Cost\* per student: (\*Tuition + applicable fees, if any)

LIST OF INDIVIDUALS YOU ARE REGISTERING

NAME	RCC STUDENT ID#

AGENCY INFORMATION

AGENCY: | ACCT#:

MAILING ADDRESS:

CONTACT INFORMATION

NAME: | PH:

EMAIL: | FAX:

*IMPORTANT!!! This form is an agreement to pay, not an invoice—your invoice will be mailed to you. To ensure your payment is applied to the correct account, PLEASE DO NOT SEND PAYMENT UNTIL YOU HAVE RECEIVED AN INVOICE FROM RCC'S BUDGET & FINANCIAL SERVICES OFFICE.*

AUTHORIZED SIGNATURE: \_\_\_\_\_

DATE: