



PARISH SCHOOL SYSTEM
TTE/Paraprofessional Receivable Form

Student Name _____ W# _____

Mailing Address _____ Date of Birth ____ / ____ / ____

City _____ State _____ ZIP _____ DL # _____

Phone/Cell (____) _____ Email Address _____

Place of Employment _____

School System/Parish _____ Semester: _____

Release of Personal Information: I authorize Southeastern Louisiana University, in the implementation of this third party billing, to release my personal information as required to the Third Party Billing Organization or its representatives. The information may include anything listed on this form, costs associated with the semester, courses, partial or entire social security number and grades subsequently earned in classes taken.

I understand that I must be enrolled in approved course(s). I understand that if I drop, withdraw, or fail to complete a course successfully (as required on the Application for Teacher Tuition Exemption) for which tuition exemption has been granted, no tuition will be remitted to the University on my behalf by my employing agency and that I will be responsible for payment of these fees to the University.

Delinquent Accounts:
I agree and understand that failure to make payments of all debts including this debt and/or prior semester debts will result in a block from early registration and that I will not be allowed to enroll in the University until such debts are paid. Furthermore, no academic records (transcripts, diploma, etc.) will be released until the debt is paid in full.

Collection Costs:
I bind and obligate myself to pay the fees of the collection agency employed, including collection fees of thirty-three and one third percent (33 1/3%) of the aggregate amount recovered plus court costs, attorney fees and expenses.

I have read the statements and agree to the above terms.

Student's Signature _____ Date: _____

Tuition Receivable Amount \$ _____

Controller's Office _____ Date Posted _____

Approved Course(s): _____