Date

University of Virginia
Student Financial Services
ATTN: Student Accounts Department
P.O. Box 400204
Charlottesville, VA 22904 – 4204
Email: sfs@virginia.edu
Fax: 434.924.7636

RE: Authorization Letter for Third Party Billing

Dear Student Accounts team,

This letter confirms third-party financial sponsorship for STUDENT NAME (University ID: XXXXXX) in their program of study at the University of Virginia (OPTIONAL: NAME OF SCHOOL).

COMPANY NAME will provide financial support of SPECIFY AMOUNT or PERCENTAGE (e.g., 100% tuition and fees OR 100% tuition only OR specific amount such as $6,503.00 in tuition and fees) for ACADEMIC PERIOD or TERM or PROGRAM DURATION (e.g., academic year 2015-2016 or Fall 2015 term or four-year academic program from August 2015 to June 2019). (Please include specific relevant sponsorship and billing details.)

This letter authorizes U.Va. to invoice us for the above stated tuition and fees. Please send invoices to the following contact details:

ORGANIZATION NAME
ATTENTION: ______________
ORGANIZATION ADDRESS
PHONE: __________________
EMAIL: __________________
RE: (Student Name), PURCHASE ORDER NUMBER____ (if applicable)

Should there be further information required concerning STUDENT NAME, please do not hesitate to contact our office at REPRESENTATIVE PHONE NUMBER or REPRESENTATIVE EMAIL ADDRESS.

Thank you for your support and cooperation.

Sincerely,

Name (Printed)

Signature

Title of authorized individual