

Third Party Payment Confirmation

Student Full Name: _____

BSC Email: _____

Student ID: _____

Company Paying: _____

Amount to be Verified: _____

List all classes to be verified. Compare against your Student Center in Campus Connection for accuracy.

Fill out all the Required fields in red, and send from your BSC email to bsc.studentfinance@bismarckstate.edu for Student Finance to fill in the remaining columns.

Class Name	Term (Spring, Summer, Fall)	Year	Third Party Contract #	Tuition/Fees Charged	3 rd Party Check #	Amount Paid for Class	Class Balance Remaining

Student Finance Stamp

Completed by: _____ Date: _____

This document upon completion will be signed, dated, and stamped by BSC Student Finance. It will then be sent as a PDF to the student's BSC email.

If you have questions please contact Student Finance. Fax #: 701-224-5550.