



19600 Molalla Avenue ■ Oregon City ■ Oregon 97024  
(503) 657-6958

CCC Official Use Only	
Sponsor ID# _____	
Sponsorship # _____	
Entered Date _____	By _____

Sponsored Student  
Pre-Authorization Commitment

A. Student Information

_____	_____	_____	_____
Last Name	First Name	Middle Initial	Social Security Number
_____		_____	_____
Address (include Apt. #)		City	State Zip Code
_____	_____	( ) _____	
Date of Birth	Email Address	Phone Number	

B. Sponsor Company Information

_____	( ) _____		
Company Name	Phone Number		
_____	_____	_____	_____
Address	City	State	Zip Code
_____	_____	_____	_____
Contact Person	Email address	Account/Reference No. for Sponsorship	
_____			
Term			

Limitations on covered charges: (i.e. tuition only, but not fees, specific class(es), total dollar limit, etc. please call if you have questions)

C. Signatures

Each person signing this form certifies that all the information reported on it is complete and correct.

**Student will be held liable for all charges not covered or paid by a third party.**

\_\_\_\_\_  
Student Date

\_\_\_\_\_  
Sponsor/Representative Date

Submit this form at the time of registration. If you are registering on the web, you must drop off the form or fax to (503) 722-5864 within 24 hours with a copy of the web registration