

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
ORGANIZATION ADDRESS
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