



Student ID Number _____

Term/Year _____

TGTP Account Number _____

THIRD PARTY STUDENT AUTHORIZATION FOR TEXAS GUARANTEED TUITION PLAN (TGTP)

NAME: _____ DATE: _____

CHECK ALL THAT APPLY:

Fall _____ Spring _____ Summer _____

I hereby authorize the University of North Texas Health Science Center at Fort Worth (HSC) to invoice the Texas Guaranteed Tuition Plan (TGTP) for my tuition and fee-related charges that are covered by TGTP. Consequently, I agree to and understand the following:

I will submit my TGTP account information and completed Third Party Authorization at least 10 days prior to the due date of my first term at HSC to ensure timely posting of third party estimated credits.

My TGTP information will roll automatically for Fall and Spring terms as long as I have continued enrollment at HSC. The Third-Party Coordinator **WILL NOT** use my TGTP funds for Summer terms unless I specifically submit a request. **q e** ~~My request will not be~~

processed. Student will need to directly request funds from TGTP.

I will notify the Third-Party Coordinator of any changes to my TGTP account or to my address of record.

This agreement does not relieve me from any financial responsibility to HSC per the Student Financial Obligation Agreement. I am fully liable for charges not paid by TGTP, which are subject to account holds and late fees.

If payment is not received from TGTP by the last day of class for the given semester, or TPC is notified of depleted TGTP funds, estimated placeholder payments will be removed from my account and I will be responsible for any unpaid balance. This balance will be due immediately and is subject to account holds and late fee.

If any unpaid charges on my student account become