

Vermont Law School

Third Party Billing Request

Please bill the following party/organization for my _____ school tuition:

Organization _____

Name (attention to) _____

Address _____

City, State, Zip Code _____

Telephone _____

Student Information

Name of Student

Address

City, State, Zip Code

Vermont Law School will make this third party billing with the understanding that 1) prompt payment is expected and 2) if the party does not pay, the **student** is ultimately responsible for the payment of their account.

Date

Student Signature (indicating acceptance of the above stated terms)