



Employer Reimbursement Form

This form is provided for students whose employers will be reimbursing the cost of tuition for the course(s) taken for a specific term. Please complete this form to defer payment of your tuition in order to obtain reimbursement from your employer. This request must be completed and returned to the SAS Office and may be denied if any previous semester charges remain outstanding.

The student will be responsible for any unpaid balance should the employer not make payment.

Student Information

Name _____ Student ID Number _____
Home Address _____
Home Phone _____ Business Phone _____
Home E-mail _____ Business E-mail _____

Employer Information

Name of Employer _____
Address _____
Contact Person _____ Contact's Phone _____
Total Amount of Benefit Receiving \$ _____ Date Payment Expected _____
Should Clarkson invoice your employer to secure payment? [] Yes [] No
Is the Employer paying Clarkson University directly? [] Yes [] No
Is a copy of your grade report required before payment is made? [] Yes [] No

Course Information

Term Course will be taken [] Fall [] Spring [] Summer I [] Summer II
Course Name _____ Credit Hours _____

By signing below I am authorizing Student Administrative Services to release educational records pertaining to my student account and academic information to the organization or individual listed above. This authorization remains in effect while I am enrolled at Clarkson University. I understand that I may terminate this authorization at any time by notifying Student Administrative Services in writing.

Student's signature _____ Date _____

Return completed form to Student Administrative Services
Clarkson University • PO Box 5575 • Potsdam, NY 13699-5575
315-268-6451 • Fax 315-268-6452 • sas@clarkson.edu