

## Employer Reimbursement Form

Midway College Business Office  
512 East Stephens Street • Midway, KY • 40347  
Phone (859) 846-5402 • Fax (859) 846-5848

Date: \_\_\_\_\_

Major: \_\_\_\_\_

Term/Module Begins: \_\_\_\_\_

Term/Module Ends: \_\_\_\_\_

Student Name: \_\_\_\_\_ S.S.N. \_\_\_\_\_

Address: \_\_\_\_\_

Employer Name: \_\_\_\_\_

Employer Address: \_\_\_\_\_

Contact Person: \_\_\_\_\_

Employer Telephone: \_\_\_\_\_

**Special Reimbursement Instructions** (Please state any stipulations of reimbursement, i.e. percentage of tuition reimbursed, reimbursement based on grades, billing procedures, etc.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### COURSES ELIGIBLE FOR REIMBURSEMENT BY EMPLOYER

_____	_____
_____	_____
_____	_____

**BILLING INVOICE IS TO BE SENT TO THE**  **STUDENT OR**  **EMPLOYER**

I certify that the above named is eligible to participate in the Employer Reimbursement tuition assistance program as defined by our company policy, for the above listed courses.

**Authorized Signature of Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_

If for any reason I leave the company, I understand that I am fully responsible for notifying the School for Career Development in writing. I also understand that I am responsible for any outstanding balance on my account, and that all charges for each course are payable within two weeks of my receiving a grade for that course.

**Student Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

### AUTHORIZATION TO RELEASE INFORMATION

I, \_\_\_\_\_, authorize The Business Office at Midway College, Midway, Kentucky, to release any and all information necessary to my Employer, \_\_\_\_\_, for the purpose of obtaining payment from my Employer for classes I have completed at the College. The extent of the information provided will be determined by the requirements of my Employer's Tuition Reimbursement policy and will include but may not be limited to an itemization of the courses I have taken and the grades I earned in those courses.

\_\_\_\_\_  
Student/Employee

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date