Harvard University
Third-Party Contract Release Form

Sponsored Student Name: ____________________________________ HUID: ______________________

Harvard University (the “University”) has received a commitment letter with one or more third-party organizations or other type of sponsors (each a “Sponsor”) that provides for the payment of all or part of the cost of my attendance. By checking the boxes below and signing this form, I acknowledge and agree that the University may both:

☐ Bill my Sponsor for the authorized charges, as detailed in the Third-Party Billing Authorization Form and Letter submitted to the University by my Sponsor.
☐ Release to my Sponsor information, including enrollment information, as required by the Sponsor, in accordance with University policies.

I understand that:

☐ A temporary credit will be applied to my student account while the University bills my Sponsor for the authorized charges. This credit may not represent actual payment from my Sponsor and can be removed from my account if my Sponsor fails to pay.
☐ If a sponsorship is changed or cancelled, or if amounts remain unpaid past the due date or respective term, I understand that I am responsible for all charges due to the University.
☐ If requested by the University, I will contact my Sponsor to identify and resolve issues that may be causing delays in authorized payments. This may include responding to special documentation requests made by the Sponsor such as enrollment certification, transcripts, etc.
☐ I acknowledge that I may not be allowed to enroll in future terms, receive official transcripts, or receive diplomas until all charges on my Harvard student account are paid in full.
☐ I agree to provide third-party sponsorship information for each term by the deadline provided by my school. I understand that Harvard will not bill or refund a Sponsor for a prior term.
☐ I understand that the University’s communications with my Sponsor regarding my sponsorship, including information about enrollment, invoices and payment, are exempt from the limitations on disclosure imposed by the Family Educational Rights and Privacy Act of 1974 (FERPA).

By affixing my signature below, I agree to adhere to all the above. I authorize the University to release to my Sponsor any information including enrollment or student account information necessary to service my account.

Student Signature: ____________________________________ Date: ______________________