

HARVARD GRADUATE SCHOOL OF DESIGN 2024 – 2025 THIRD-PARTY BILLING FORM

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Completed by:	Organization or institution providing financial support to the student listed below who will be attending Harvard University during the 2024-2025 academic year.			
Instructions:	This form must be accompanied by a signed third-party billing letter to authorize billing. See <u>website</u> for letter guidelines. Please return both documents to the Student Account Operations office. You can email the documents to <u>studentaccountoperations fad@harvard.edu</u> . Information about the various fees can be found on our Required Fees <u>webpage</u> .			
Due date:	June 30, 2024			
		ept third-party billing for	al clearance for registrations through November for	on only. Our office will or the fall term and March for
STUDENT NAM	IE:			
		Last	First	Middle
HARVARD ID or SSN (if known):			CONTRACT EXPIRES:	
What is the dur	ration of your co	ontract? (select one):		
	-	□ Spring only	Eall and Spring	Duration of program
□ Othe	r (please specify)):		
Please indicate	which of the fe	es listed below will be	e paid by your organiza	tion:
□ Mano	datory Student H	ealth Fee		
□ Stude	ent Health Insura	mandating co		ompliance with MA state law e this fee at the <u>University Health</u> e, US-based insurance.)
□ Activ	ity Fee			
Miscellaneous Course Materials *				
□ Parki	ing *			
	•	nce (if applicable) *		
Dent	al Insurance: Ind	ividual, Family, or both	? *	
□ Othe	r (please list any	stipends paid directly to	o the student):	
If the contract is	limited by a max	imum \$ amount, please	e list:	
CONTRACT OF	GANIZATION:			
CONTACT PER	SON:			
BILLING ADDRI				
PHONE:		EMA	NL:	

NOTE: BILLING INVOICE WILL BE SENT VIA EMAIL AS PDF DOCUMENT

* Course material, parking, and supplemental health insurance fees can be posted to a student's account *at any time*, sometimes several months after a term has ended. If charges are assessed later in the term, we will issue an updated invoice.