



OWENS
COMMUNITY COLLEGE

Office of Student Accounts

Third Party Promissory Note Form

You must complete this form if you are waiting for a company voucher or company paym

This form is NOT for students who are reimbursed based on grades.

Student Name _____ Employer Name _____

OCID Number _____ Work Address _____

Semester _____

If the company fails to pay for any Owens class or bookstore materials I agree to pay Owens Community College the amount due. I also understand that I will not be able to receive grades, transcripts, and will not be able to register for a new semester until all balances have been paid in full.

Student Signature _____ Date _____

Oserve Staff Signature _____ Date _____

Student Accounts
Signature _____ Date _____

*Please fill out completely, **SIGN** and either FAX Form to: (567) 661-2215 or MAIL Form to: Office of Student Accounts, Owens Community College, PO Box 10,000 Toledo, OH 43699.*