PAYMENT EXTENSION Request for Degree/Certificate Programs

Your social security number is confidential and, under a federal law called the Family Educational Rights & Privacy Act, the college will protect it from unauthorized use and/or disclosure. In compliance with state/federal requirements, disclosure may be authorized for the purpose of state and federal financial aid, Hope/Lifetime Learning tax credits, academic transcripts, assessment or accountability research.

STUDENT ID NUMBER: 8 9 | | | | | | | | **DATE:** _____ **BIRTHDATE:** ___ /___ /___

NAME: _____ **PHONE NO.**_____

PROGRAM TITLE: _____

AMOUNT DUE: _____

Indicate quarter for payment extension request:

SUM ☐ **WTR** ☐

FALL ☐ **SPR** ☐

APPROVED EXTENSION DATE:_____

Why you are requesting a payment extension:_____

_____

_____

_____

Date received in Registration office: _____ Initialed: _____

Bellingham Technical College, 3028 Lindbergh Avenue, Bellingham WA 98225-1599 Bellingham Technical College provides equal opportunity in education, employment and access to all persons. Inquiries regarding compliance with access, equal opportunity and/or grievance procedures should be directed to the Human Resources Office, Building A, Room, A2, or call 360.752.8354 or 360.752.8515/TTY