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## *Third Party Promissory Note Form*

You must complete this form if you are waiting for a company voucher or company payment.  
**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 \_\_\_\_\_

Observer 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.*