

# *Third Party Promissory Note Form*

Student Name \_\_\_\_\_ Employer Name \_\_\_\_\_

OCID Number \_\_\_\_\_ Work Address \_\_\_\_\_

Semester \_\_\_\_\_

Student Signature \_\_\_\_\_ Date \_\_\_\_\_

Oserve Staff Signature \_\_\_\_\_ Date \_\_\_\_\_

Student Accounts  
Signature \_\_\_\_\_ Date \_\_\_\_\_