



# Duplicate Billing Statement Form

Student Name: \_\_\_\_\_ Student ID: \_\_\_\_\_

Please send a copy of my Billing Statement to:

1. Name(s): \_\_\_\_\_

Fax No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

2. Name(s): \_\_\_\_\_

Fax No.: \_\_\_\_\_

Street Address: \_\_\_\_\_

City, State & Zip: \_\_\_\_\_

I understand that these instructions will remain in effect until changed or revoked by me in writing. I understand that this does not authorize OCAC to discuss my Billing Statement with the person(s) listed above.

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

\_\_\_\_\_  
Date

Please return this form to OCAC at the address below or fax it to 503.297.3155, Attn: Bursar.