



**Training Authorization Form**  
Normandale Continuing Education & Customized Training

**STUDENT/EMPLOYEE INFORMATION**

Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_ Email \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

**COURSE INFORMATION**

Course Title	Course ID	Date	Fee
_____	_____	_____	_____
_____	_____	_____	_____
			Total _____

**SPONSORING COMPANY/PAYEE INFORMATION**

Contact Person & Company Name \_\_\_\_\_

Contact Email \_\_\_\_\_

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Fax \_\_\_\_\_

**Checks are payable to Normandale Community College – Continuing Education**  
Normandale Community College, Accounts Receivable  
9700 France Avenue South, Bloomington, MN 55431

I hereby request Normandale Community College to bill me for the full amount of the course(s).

Authorized Signature (Required):

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Notes/Comments: *(Include any additional information we might need to know to process this form)*

9700 France Avenue South Bloomington, MN 55431 Phone: 952-358-8343 Fax: 952-358-8240 ncal@normandale.edu	<b>Office Use Only:</b>
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