

# Tuition Payment Authorization Letter

Date: [Insert Date]

To: [College/University Name]

Office of Student Accounts

[College/University Address]

Dear [Financial Aid Officer/Student Accounts Manager],

I, [Your Full Name], a student at [College/University Name] with student ID [Your Student ID], hereby authorize the deferred payment arrangement for my tuition for the [Term/Year].

The total amount due for my tuition is [Total Tuition Amount], and I request that this payment be deferred under your payment plan. I agree to uphold the terms of this arrangement as outlined by the institution.

Please find attached any required documents supporting this request, including my financial disclosure and any applicable forms.

If further information or clarification is needed, please feel free to contact me at [Your Phone Number] or [Your Email Address].

Thank you for your consideration.

Sincerely,

[Your Full Name]

[Your Address]

[Your Phone Number]

[Your Email Address]