



**Protective Services Department  
South Campus  
6665 South Howell Avenue  
Oak Creek, WI 53154**

## EMS Training - Tuition Payment Agreement

### Section 1: STUDENT INFORMATION (To Be Completed By Student - Please print clearly)

NAME: (Last, First, Middle Initial)		TELEPHONE NUMBER(s): Day: (    ) Evening: (    ) Other: (    )	
MAILING ADDRESS:		CITY, STATE, ZIP CODE:	
COURSE NAME: Advanced EMT Transitional Refresher	DAY OF CLASS: TH	COURSE NUMBER: 403	SECTION NUMBER: 600
SOCIAL SECURITY #:		DATE OF BIRTH:	
GENDER:    MALE                  FEMALE		WI EMT LICENSE #:	
I, the student, give MATC permission to release my grades for this course to my sponsoring agency.		Student signature:	

### SECTION 2: PRIVATE AMBULANCE OR FIRE DEPARTMENT INFORMATION (To Be Completed By Sponsoring Agency)

NAME OF AMBULANCE OR FIRE DEPARTMENT:
AMBULANCE COMPANY OR FIRE DEPARTMENT MAILING ADDRESS (Street, City, State, Zip Code)
TELEPHONE NUMBER: (    )
PROVIDER LICENSE #: 60 -

**I certify that the above named student is employed with this agency and is physically able to participate in vigorous physical activity. I agree to PAY all TUITION COSTS to MATC sponsor this student's EMS training listed above.**

PRINT: (Name of Director, Chief or Training Officer)	TELEPHONE NO. (    )
SIGNATURE: (Name of Director, Chief or Training Officer)	DATE: