



## North Carolina Department of Correction

214 West Jones Street • 4201 MSC • Raleigh, NC 27699-4201

Beverly Eaves Perdue  
Governor

Alvin W. Keller, Jr.  
Secretary

Date

Name  
Business Office  
College  
Address  
City, NC Zip

Re: Letter of Authorization to Charge for Name of Course

Dear Dr./Mr./Ms. Last Name :

The individuals listed below have been approved to enroll in Name of Course scheduled to begin start date. The Department of Correction agrees to pay for tuition (insert here if supplies, books, or fees are applicable) on behalf of these students for this course.

Student's Name	Social Security #
Student's Name	Social Security #

Please send the invoice to:

Name of Correctional Institution  
Attn: Name  
Address  
City, NC Zip

Questions may be directed to Name at XXX-XXX-XXXX.

Sincerely,

Name  
Title  
Division