

Financial Responsibility

> COMPLETE AND RETURN PRIOR TO ARRIVAL ON CAMPUS

Mail to: Office of Student Accounts, Hartwick College, PO Box 4020 Oneonta, NY 13820 | **Fax to:** 607-431-4006

This form is required of all students before registration. A parent or guardian must sign, unless the student is considered independent by federal guidelines. Questions? Contact the Office of Student Accounts at 607-431-4300.

Student name _____
Last First Middle

Student ID number _____

Each year two e-statements are released, July 15 and December 15. Fall charges are due August 5. Spring charges are due January 5. Monthly e-statements are released if a balance remains on the account. A late payment fee will be assessed at the rate of 1% per month on the past due portion of the student account until the past due account is paid in full. To prevent a delay at registration, payment is required by the due date. A past-due balance also can prevent a student from pre-registering for the following semester. If you cannot remit full payment by the due date, please contact the Office of Student Accounts to arrange a payment agreement.

I hereby acknowledge my indebtedness for educational expenses and fees owed to Hartwick College as of this date and until the student listed above has separated from the college. Should the student become independent or another individual assumes responsibility, I will then be released of indebtedness of any charges occurring after the date of transfer of obligation. Hartwick College will not release any academic transcripts, diplomas, or clearance for future term registration until the entire balance is paid in full.

PARENT SECTION

I understand that if my account becomes more than two months delinquent, Hartwick College may refer my account to a collection agency. I further understand that I am responsible for paying the collection agency fee which may be based on a percentage at a maximum of 33.3 % of my delinquent account, together with all costs and expenses, including reasonable attorney's fees necessary for the collection of my delinquent account. Finally, I understand that my delinquent account may be reported to one or more of the national credit bureaus.

I acknowledge my obligation to notify the Office of Student Accounts at Hartwick College of any changes in name, address, email or financial ability to repay this obligation.

I certify that the information reported here is true and accurate.

Parent signature Date

Parent name and relationship, if different from parent (please print) Parent SSN

Billing address line 1

Billing address line 2

Parent e-mail address

STUDENT SECTION

By signing below, I give permission for the above to receive billing statements on my account. Billing is derived directly from my registration. Course names and numbers are not listed. Further, I acknowledge that my Hartwick e-mail address will be used as an official contact method from the Office of Student Accounts for notifications of disbursement of any federal loans and other matters regarding the account.

I acknowledge my obligation to notify the Registrar's Office at Hartwick College of any changes in my name, address or email.

Student signature Date