



**STUDENT ACCOUNTS OFFICE
FINANCIAL RESPONSIBILITY FORM**

Return completed form by: August 2 - Fall Semester
January 6 - Spring Semester

Student's Name: _____ Student ID: _____

Home Address: _____

Home Phone _____ Cell# _____ Email Address _____

Individual(s) responsible for tuition payments:

Name: _____ Name: _____

Address: _____ Address: _____

Home Phone: _____ Home Phone: _____

Cell Phone: _____ Cell Phone: _____

I/we understand that the only tuition payment plan that Elms College offers is through Tuition Management Systems. Also, I/we understand that if I/we choose not to participate in the Tuition Management Systems' monthly payment plan, that payment in full for the Spring semester is due January 6 and that no other payment plan will be accepted by Elms College.

Furthermore, I/we realize that any unpaid balance will prohibit student from registering for classes; receive grades; and may also jeopardize on-campus housing and participation in co-curricular activities. Any default in payment will be disclosed to credit reporting agencies and I/we understand that this balance will be referred to a collection agency. If so, I/we realize it is my/our responsibility to pay all attorney fees, collection costs, and other charges incurred.

Signature

Signature

Date

Per FERPA regulations, student's signature below authorizes release of account information to parent/guardian named above. Yes No

Student Signature: _____ Date: _____



STUDENT ACCOUNTS OFFICE
CREDIT BALANCE AUTHORIZATION FORM

Completion of this form authorizes Elms College to retain a credit balance (resulting from the disbursement of federal funds) on a student's account for future charges. If you choose against submitting this form, a refund will be automatically issued to the student or to a parent, if a Parent Plus Loan was obtained on behalf of the student.

Federal laws state that Title IV funds exceeding educational expenses must be refunded.

Federal funds include Direct Loans (subsidized and unsubsidized), Parent Plus Loans, Perkins Loans, Pell Grants, SEOG and TEACH Grants.

Name: _____ Elms ID: _____
Please print clearly

I understand that this authorization is voluntary, and I further acknowledge that I may rescind this decision with a written request. This authorization will remain in effect for each academic year. Funds will not be kept on account beyond the year in which they were awarded.

Student Signature _____ Date _____

Parent Signature* _____ Date _____
**For Parent Plus Loans*