



STUDENT ACCOUNTS OFFICE

Financial Responsibility Form

**Student Accounts
Berchmans Hall
413-265-2208
studentaccounts@elms.edu**

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 Elms College. Also, I/we understand that if I/we choose not to participate in the Elms College monthly payment plan, that payment in full for the Fall semester is due August 3rd and Spring Semester is due January 3rd.

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:* _____