

Agnes Scott College
STATEMENT OF FINANCIAL RESPONSIBILITY

Student's Name _____ Student ID No. _____
Please print

Home Address _____
Street City State Zip Code

Home Phone () _____ Cell Phone () _____

I, the above named student, agree that I am financially responsible for all charges incurred while in attendance at Agnes Scott College. I understand and agree that all charges for any term must be satisfied before the beginning of the next term. If I elect to participate in the Tuition Management Systems (TMS) Payment Plan, it is understood that upon the second delinquent payment, the TMS Payment Plan is closed and I am **immediately** responsible for the remaining account balance.

I am responsible for the payment of the balance due on the indicated due date shown on my student bill. I am also responsible for any charges to my student account (e.g. pending aid, meal plan, etc) that are incurred subsequent to the date of the billing statement. **I agree to reimburse the fees of any collection agency, which may be based on a percentage at a maximum of 33.3% of the debt, and all costs and expenses, including reasonable attorney's fees, we incur in such collection efforts. By providing the above telephone numbers, I understand, agree and give express consent that Agnes Scott College or anyone working on their behalf, including third party vendors, may contact me at the numbers provided by manually dialing the number or by using automated dialing technology.**

FERPA permits a college to disclose a student's education records to a parent, guardian, or other person acting in the capacity of a parent without the student's consent if the student is a dependent of such person for federal income tax purposes. Please list the individuals who claim you as a dependent for federal income tax purposes:

	Parent/Guardian/Other		Parent/Guardian/Other
First Name:		First Name:	
Last Name:		Last Name:	
Address #1:		Address #1:	
Address #2:		Address #2:	
City, State Zip:		City, State Zip:	
Primary Phone:		Primary Phone:	
Relationship/Other:		Relationship/Other:	

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In addition to the parents/guardians listed above who claim me as a dependent for federal income tax purposes, I give permission for Agnes Scott College to discuss confidential information concerning my student billing account with the persons listed below for the purposes of facilitating payment of all charges on my student account.

	Parent/Guardian/Other		Parent/Guardian/Other
First Name:		First Name:	
Last Name:		Last Name:	
Address #1:		Address #1:	
Address #2:		Address #2:	
City, State Zip:		City, State Zip:	
Primary Phone:		Primary Phone:	
Relationship/Other:		Relationship/Other:	

I understand that this authorization for Agnes Scott College to discuss my student billing with the persons I have listed above will remain in effect until such time as a written revocation is submitted to the Office of Accounting.

Student Signature

Date

I affirm that I am also responsible for the payment of all Agnes Scott College related expenses and charges incurred by the above-named student. I certify that the above-named student is my dependent for federal income tax purposes. I understand that in the event of default by student, the debt will remain the joint and several responsibility of the student and me until it is paid in full. This authorization will remain in effect until such time as a written revocation is submitted to the Office of Accounting.

Parent/Guardian Signature

Date

Parent/Guardian Signature

Date

IMPORTANT:

Please return this form to Agnes Scott College, Office of Accounting, 141 E. College Ave., Decatur, GA 30030