



ECKERD COLLEGE

BURSAR'S OFFICE

STATEMENT OF FINANCIAL RESPONSIBILITY

Student Name: _____ ID# _____

Address: _____

City: _____ State: _____ Zip: _____

Parent/Guardian Name: _____

(Person Financially Responsible)

Billing Address: _____

(If different from above)

Telephone #: _____ E-Mail Address _____

By signing below:

I affirm that I will be responsible for payment of all College related expenses and charges, including all attorney's fees for the collection of any amount not paid when due; and that I have read and will comply with the policies regarding fees, expenses and refunds outlined in the Eckerd College Financial Guide Booklet. I understand that the monthly billing is provided electronically and I will keep my account in good standing by monitoring and maintaining my account on-line at www.eckerd.edu/ebill.

I understand that it is the student's responsibility to notify the Dean of Students Office of his or her intention to withdraw or take a leave of absence. A written notification must be submitted to the Dean of Students Office prior to the start of a semester. An administrative fee of \$100 will be imposed if a written notification is not given before the start of a semester.

_____ I am not returning to Eckerd College, please process my withdrawal.

Financial information regarding student accounts will be released only to those individuals who sign below.

Parent/Guardian Signature: _____ Print Name: _____

Parent/Guardian Signature: _____ Print Name: _____

Student Signature: _____ Date: _____

Please return completed & signed form to:

Eckerd College
Bursar's Office
4200 54th Avenue South
St. Petersburg, FL 33711