



ECKERD COLLEGE

STATEMENT OF FINANCIAL RESPONSIBILITY

Student Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone # _____ Cell # _____ E-mail _____

Billing Address & Telephone # _____
(If different than above)

By signing below:

I affirm that I will be responsible for monitoring my account status at www.eckerd.edu and for payment of all College related expenses and charges, including all attorney's fees and other costs and charges necessary for the collection of any amount not paid when due. I affirm that I have read and will comply with the policies regarding fees, expenses and refunds outlined in the 4-Term Course Schedule Booklet. I understand that in the event of default by any of the above-named parties, and I am a dependent student, the debt will remain the joint and several responsibility of the student and parent/guardian until it is paid in full.

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

Student Signature: _____ Date: _____

Parent/Guardian Signature: _____ Date: _____

Please return to: Eckerd College
Bursar Office
4200 54th Avenue South
St.Petersburg, FL 33711
