



Financial Responsibility Agreement

PC Student ID# _____

Student Accounts Office
Email: studentaccounts@albright.edu
Telephone: (610) 921-7777 or (877) 770-5341

Mail to: Albright College
Student Accounts Office
P.O. Box 15234
Reading, PA 19612-5234

Financial Responsibility Agreement

I/We agree to be bound by the Educational Expenses and Refund policies as presented in the Albright College Catalog and on the College web site. I/we accept responsibility for payment of any expenses incurred at Albright College by the below named student, and agree to render payment to Albright College upon receipt of a statement by the due date printed on the statement.

I/We also understand that should payment fail to be remitted by the specified billing due dates, a 1.5% late payment fee will be applied to the outstanding account balance each month, until the account is paid in full. I/We further understand that should the student stop attending Albright College for any reason, the student's current total financial obligation shall become due and payable immediately. I/We also understand and acknowledge that failure to fully satisfy the student's total financial obligation may result in the account being referred to a collection agency or attorney for the full amount due plus all collection costs at a minimum of 33 1/3 percent of the outstanding balance and legal fees. I/we also hereby authorize Albright College or its representatives to contact me/us via my/our cell phone. Accounts placed with a collection agency may be reported to a credit bureau. Should it become necessary on the part of the College to enter into litigation regarding any unpaid account balance, I/we agree this Agreement was signed in Berks County, Pennsylvania or in _____, _____ to ensure that any such case will be adjudicated within the applicable judicial system. Finally, I/we also authorize Albright College to deduct any outstanding debts from the student's final paycheck(s) if employed by the College.

Student's name *(please print)*

Student's signature

Date

XXX - XX -
Social Security # *(last 4 digits only)*

Unless the student meets the Federal government guidelines to be declared an independent student, the student's parent(s) / guardian must also enter into this agreement by completing the information requested below.

Signature _____ Signature _____
(Parent's Signature) (Date) (Parent's Signature) (Date)

Name _____ Name _____
(Please Print) Soc. Sec.# *(last 4 digits)* (Please Print) Soc. Sec.# *(last 4 digits)*

Relationship to Student _____ Relationship to Student _____

This information will remain in effect until a revised Financial Responsibility Agreement is submitted to Student Accounts. It is the responsibility of the student to notify the College in writing of any changes in the above information.

The College must receive the original of this document. Faxed or photocopied forms will not be accepted.