



## Clinton Community College Student Financial Authorization

Name \_\_\_\_\_

*Please Print*

Soc Sec No.: XXX-XX-\_\_\_\_\_

*Last 4 Numbers*

### **Student Obligation and Conditions of Enrollment**

When a student withdraws from the College before full payment of tuition and fees is completed, the outstanding obligation to Clinton Community College shall become due and payable at once.

Should any scholarships, grants, loans, etc. be pro-rated, restricted or rescinded due to the student's withdrawal or for any other reason, it shall be the obligation of the student to pay any outstanding balance to the College. Continued enrollment at Clinton Community College or access to student records is contingent upon the satisfaction of the student's obligation to the College.

**I AGREE** to the above conditions of enrollment and promise to pay all costs incurred as a result of my enrollment at Clinton Community College. In the event of a default in payment of my obligation, if Clinton Community College is required to turn my account over to a third party for collection, I agree to pay all collection and attorney fees incurred. I hereby give Clinton Community College unrestricted authorization to provide the collection agency with any and all information contained in my file. I hereby indemnify Clinton Community College, its agents, or employees and the individual members of the Board of Trustees from any harm resulting from this agreement.

### **Student Financial Assistance Authorization**

**I HEREBY AUTHORIZE** Clinton Community College to process my financial assistance (NY State Tap, A.P.T.S.; Federal Title IV payments of Pell, SEOG, and student loans; and any other grants or awards which I may receive), and apply funds to my student account as follows:

- 1) Toward institutional charges which may include tuition, required fees, course fees, and bookstore charges.
- 2) Toward allowable non-institutional charges which may include student activity fees, accident/malpractice insurance, and alumni dues.

I understand that I may refuse to authorize the use of my federal assistance toward any allowable charges in #2 by notifying the Bursar's office. By doing so I agree that I will be personally responsible for payment of such charges.

**I have read, understand, and agree to the Conditions of My Enrollment and Student Financial Assistance at Clinton Community College. I understand that this authorization remains valid for this award year and all subsequent award years. I further understand that I may rescind this authorization at any time.**

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*Student Signature*

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*Date*