

# Financial Responsibility

## > COMPLETE AND RETURN

**Mail to:** Office of Student Accounts, Hartwick College, Oneonta, NY 13820

**This form is required of all students before registration.** A parent or guardian must sign, unless the student is considered independent by federal guidelines. **Questions?** Contact the Office of Student Accounts at 607-431-4300.

Student name \_\_\_\_\_  
LAST FIRST MIDDLE

Student ID number \_\_\_\_\_

Two major billings are sent (electronically) each year, on July 15 and December 15. Fall balances are due August 5, spring balances are due January 5. Thereafter, monthly e-statements are sent if there is a balance due on the account. New charges are due on the 22nd of the following month. Past-due amounts are subject to a monthly delinquent fee of 1%. To prevent a delay at registration, payment is required by the due date. A past-due balance also can prevent a student from pre-registering for the following semester. If you cannot remit full payment by the due date, please contact the Office of Student Accounts to arrange a payment agreement.

I hereby acknowledge my indebtedness for educational expenses and fees owed to Hartwick College as of this date and until the student listed below has separated from the college. Should the student become independent or another individual assumes responsibility, I will then be released of indebtedness of any charges occurring after the date of transfer of obligation. Hartwick College will not release any academic transcripts, diplomas, or clearance for future term registration until the entire balance is paid in full.

### PARENT SECTION

I understand that if my account becomes more than two months past due, Hartwick College may refer my account to a collection agency or lawyer for the full amount due, plus all collection costs and legal fees, without further notice. Accounts placed with a collection agency may be reported to a credit bureau.

I acknowledge my obligation to notify the Office of Student Accounts at Hartwick College of any changes in name, address, or financial ability to repay this obligation.

I certify that the information reported here is true and accurate.

\_\_\_\_\_  
Parent signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent name (please print)

\_\_\_\_\_  
Parent SSN

\_\_\_\_\_  
Billing address

\_\_\_\_\_  
Parent e-mail address

### STUDENT SECTION

By signing below, I give permission for the before-mentioned to receive billing statements on my account. Billing is derived directly from my registration. Course names and numbers are not listed. Further, I acknowledge that my Hartwick e-mail address will be used as an official contact method from the Office of Student Accounts for notifications of disbursement of any federal loans and other matters regarding the account.

\_\_\_\_\_  
Student signature

\_\_\_\_\_  
Date