

Saint Michael's College

Release of Billing Information

I request Saint Michael's College to direct all billing statements and related correspondence to the individual(s) I have designated below at the address I have provided. I understand it is my responsibility to inform the College in writing if this information changes. Further, I understand that this release does not in any way change my responsibility for financial charges incurred by me while attending Saint Michael's College.

Primary Billing Contact Information

Name: _____

Address: _____

City, State, Zip Code _____

Telephone: (Daytime) _____ (Evening) _____ (Cell) _____

E-mail: _____

Collections Policy

Saint Michael's College requires payment in full prior to the beginning of classes. Those accounts with a past due status will not be allowed to register for subsequent semesters. If a student separates from the College with a past due balance, without making payment arrangements with the student accounts office, the account will be subject to collection procedures. Collection activity may include referral to a collection agency, reporting to the credit bureau, denial of future Saint Michael's College aid, and denial of all College services including access to classes. Associated collection costs including reasonable attorney's fees will be the responsibility of the account holder.

Student Name: _____

Saint Michael's College Student ID # _____

Student Signature _____ Date _____

Signature of Primary Billing Contact _____ Date _____