

ONLY COMPLETE IF YOU ARE UNDER 18:

Student Financial Responsibility Agreement

Semester	_____	Name:	_____
J-Number:	_____	Address:	_____
Cell Phone #:	_____		_____
E-mail:	_____		

JCC Student Financial Responsibility Agreement

- By registering for classes at Jamestown Community College, I acknowledge and agree that:
 - I am under 18 years of age **OR** the parent/legal guardian of a student under the age of 18
 - I am financially responsible for all charges related to my registration, housing and any other college charges.
- I understand that if I decide not to attend the courses, which I am registering for, that it is my responsibility to drop the course(s) before the course/semester begins to avoid any financial liability.
- I understand that if **full** financial payment and/or arrangement (financial aid or monthly payment plan) has not been made by the due date, a “hold” will be placed on my student record restricting me from registering, graduating, and/or obtaining a transcript until the account is paid in full.
- I understand that when the “hold” is placed on my student record I will be responsible for the late payment fee that will be assessed to my account.
- I understand that if my financial aid is reduced or cancelled, I am responsible for all charges on my account.
- I understand that Jamestown Community College may contact me by phone, e-mail, or text message regarding any outstanding account using any phone number, cell phone number or e-mail I have provided to the college. **
- I understand that if any portion of my account remains unpaid at the end of the semester, my account will be forwarded to a collection agency within 30 – 90 days.
- I understand that if the college does use a collection agency or take legal action for any account balance due, I will be responsible for all charges owed which may include collection and/or litigation costs or attorney fees.

Student Signature _____
Date

PRINT STUDENT NAME _____-_____
STUDENT SOC SEC. #

The information below must accompany all registrations for students under the age of 18.
If you are under the age of 18 your registration will not be entered without this form!

Parent/legal guardian: _____-_____
Parent/Guardian Soc Sec #

Street Address _____
State Zip

Parent Signature _____
Date

**Students may opt out of receiving text messages by postal mail notifying the college at 525 Falconer St. PO Box 20, Jamestown NY 14701 that they wish to not receive texts.

If you are under 18, please complete the Financial Responsibility Agreement form and print and sign the form, then you can either mail, fax or drop-off the form to the nearest business office. At this time we cannot accept a scanned copy of the form.

Fax: 716.338.1454 Mail: P.O. Box 20, Jamestown, NY 14702-0020 Drop-off: Jamestown, Olean or Dunkirk Locations