

## 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 at least 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

**Once you have completed the Financial Responsibility Agreement form please print and sign the form, then you can either e-mail, mail, fax or drop-off the form to the nearest business office. E-mail: [businessoffice@mail.sunyjcc.edu](mailto:businessoffice@mail.sunyjcc.edu)  
Fax: 716.338.1454 Mail: P.O. Box 20, Jamestown, NY 14702-0020 Drop-off: Jamestown, Olean or Dunkirk Locations**