

STUDENT INFORMATION**Student Name:** _____**Student ID:** _____**RESPONSIBLE PARTY INFORMATION**

The following information must be completed by the individual who is assuming responsibility for payment of the student's account. The statement at the end must be signed and dated by both the student and the responsible party. Students can only complete this form and sign for themselves if they are determined to be "independent" by the Student Financial Services office.

If any fields in this section do not apply, please list "N/A."

Full Legal Name: _____ **Relationship to Student:** _____**Address (Street/City/State/Zip):** _____**Home Phone:** _____ **Cell Phone:** _____ **Work Phone:** _____**Email Address:** _____**Social Security Number:** _____ **Driver's License Number:** _____**Employer Name & Address:** _____

The following statements are to be **reviewed and initialed (no check marks or x's)** by the responsible party:

_____ **Payment of Tuition and Fees:** I understand when the above-named student registers for any class at University of Redlands or receive any service from University of Redlands, I accept full responsibility to pay all tuition, fees, and other associated costs assessed because of my registration and/or receipt of services. I further understand and agree the above-named student's registration and acceptance of these terms constitutes a contractual agreement (i.e., a financial obligation in the form of an educational loan as defined by the U.S. Bankruptcy Code at 11 U.S.C. §523(a)(8)) in which University of Redlands is providing me educational services, deferring some or all of my payment obligation for those services, and I promise to pay for all assessed tuition, fees, and other associated costs by the published or assigned due date. The undersigned knowingly and intelligently waive any defense(s) that may be available to them due to the passing of any applicable statute of limitations.

_____ **University Refund Policy:** I understand and agree if the above-named student drops or withdraws from some or all of the classes for which they register, I will be responsible for paying all or a portion of tuition and fees in accordance with the published tuition refund schedule at www.redlands.edu/admissions-and-aid/student-financial-services/refund-policy/. I have read the terms and conditions of the published tuition refund schedule and understand those terms are incorporated herein by reference. I further understand their failure to attend class or receive a bill does not absolve me of my financial responsibility as described above.

_____ **Entire Agreement:** This agreement supersedes all prior understandings, representations, negotiations, and correspondence between the student and University of Redlands, constitutes the entire agreement between the parties with respect to the matters described.

_____ **Financial Aid:** I understand my Financial Aid Award is contingent upon my continued enrollment and attendance in each class upon which my financial aid eligibility was calculated. If I drop any class before completion, I understand my financial aid eligibility may decrease and some or all the financial aid awarded to me may be revoked. I understand that if I am not eligible for financial aid, or if my financial aid does not cover all charges on my account, I am responsible for the remaining balance.

_____ **Financial Hold:** I understand and agree if I fail to pay the above-named student's account bill or any monies due and owing University of Redlands by the scheduled due date, University of Redlands will place a financial hold on my student account, preventing the student from registering for future classes, or receiving their diploma.

_____ **Late Payment Charge:** I understand and agree if I fail to pay the above-named student's account bill or any monies due and owing University of Redlands by the scheduled due date, University of Redlands may assess late payment at the rate of \$250 per semester.

_____ **Changes to Instruction:** I understand that tuition and fees are established regardless of instruction mode and will not be prorated or refunded in the event that instruction transitions from face-to-face instruction to another mode of learning, including remote or online learning.

_____ **Method of Communication:** I understand and agree University of Redlands uses email as an official method of communication with the student and proxy users and that, therefore, I must be granted proxy access by my student to receive email communications from the University, and I am responsible for reading the emails I receive from University of Redlands on a timely basis.

_____ **Method of Billing:** I understand University of Redlands uses electronic billing (e-bill) as its official billing method; therefore, I must be granted proxy access by the above-named student to view the e-bill. I further understand failure to review the e-bill does not constitute a valid reason for paying the bill after the due date. E-bill information is available at <https://selfservice.redlands.edu/student/finance/>.

_____ **Billing Errors:** I understand administrative, clerical, or technical billing errors do not absolve me of my financial responsibility to pay the correct amount of tuition, fees, and other associated financial obligations assessed because of the above-named student's registration at University of Redlands.

_____ **Contact:** I authorize University of Redlands and its agents and contractors to contact me at my current and any future cellphone number(s), email address(es), or wireless device(s) regarding the above-named student's delinquent student account, any other debt I owe to University of Redlands, or to receive general information from University of Redlands. I authorize University of Redlands and its agents and contractors to use automated telephone dialing equipment, artificial or prerecorded voice or text messages, and personal calls and emails in their efforts to contact me. Furthermore, I understand that I may withdraw my consent to call or text my cellphone using automated telephone dialing equipment by submitting a clear revocation request to sfs@redlands.edu or to the applicable contractor or agent contacting me on behalf of University of Redlands.

_____ **Updating Contact Information:** I understand and agree that I am responsible for keeping University of Redlands records up to date with my current mailing addresses, email addresses, and phone numbers by following the procedure at www.redlands.edu/study/registrars-office/formsandrequests/change-of-address/. The linked procedure is incorporated herein by reference. Upon leaving University of Redlands for any reason, it is my responsibility to provide University of Redlands with updated contact information for purposes of continued communication regarding any amounts that remain due and owing to University of Redlands.

_____ **Collection Costs:** If charges are incurred by the above-named student and not paid when due, and if acceptable payment arrangements are not agreed to, I agree to pay all reasonable costs of collection in addition to the underlying and unpaid charges. Reasonable costs of collection include, but are not limited to, reasonable attorney's fees and court costs. We authorize the University to contact any credit bureaus, creditors, or personal references to obtain information concerning my current address, phone number, or place of business.

_____ **Modification:** This agreement shall not be modified or affected by any course of dealing or course of performance. The agreement can be modified only in writing when that further modification is agreed to by both the University and the undersigned. Any modification is specifically limited to those policies and/or terms addressed in the modification.

_____ **Severability:** If any provision, term, or clause of this Agreement is declared illegal, unenforceable, or ineffective in a legal forum with competent jurisdiction to do so, this Agreement shall be deemed severable, and all other provisions, terms, and clauses of the Agreement will remain valid and binding on the Parties.

If you agree to the terms and conditions articulated above in this Acknowledgement of Financial Responsibility, please sign below.

Signature of Person Responsible for Payment: _____ Date: _____

Signature of Student: _____ Date: _____